



21st International Seating Symposium

January 20 — 22, 2005

Wyndham Palace Resort & Spa • Orlando, Florida

Registration Form

Please print or type; photocopy this form as needed.

Name _____

Social Security Number
(for CEU tracking) Only last 4 digits XXX — XX — ____ — ____ — ____

Address _____

City _____

State _____ ZIP _____ — _____

Country _____

Telephone _____

Fax _____

E-mail _____

Academic Degree(s)/Certifications _____

Occupation _____

Affiliation (place of work) _____

Please check all that apply:

- Occupational Therapist
- Physical Therapist
- Physical Therapy Assistant
- Assistive Technology Practitioner (ATP)
- Physician
- Educator
- Researcher
- Vendor
- Manufacturer
- Assistive Technology Supplier (ATS)
- Rehabilitation Engineer
- Vocational Rehabilitation Counselor

Emergency Contact person _____

Phone _____

Review Course

- I will attend the Review Course on Assistive Technology on January 18, 2005, tuition, \$150.00

Pre-symposium Workshops

I will attend the following Pre-Symposium workshop on January 19, 2005 and will include the appropriate tuition:

Full-Day

- Business Side of Assistive Technology, \$150.00
- New Beginnings – Seating Assessment for the Novice, \$150.00
- Power to the People: Clinical, Technical, and Practical Aspects of Powered Mobility, \$150.00

Half-Day - Morning

- Open Your Senses - Is A Posture A Problem Or A Solution!, \$100.00

Half-Day - Afternoon

- Challenges and Strategies Associated with Bariatric Seating and Mobility, \$100.00

Please visit the website www.iss.pitt.edu for Instructional Courses content information and for program updates.

Payment

Payment must accompany registration.

Review Course Tuesday, January 18, 2005, \$150.00

Pre-Symposium Workshops Wednesday, January 19, 2005

Pre-Symposium Workshops (Full Day) \$150.00

Pre-Symposium Workshops (Half Day) \$100.00

Symposium Tuition

Early Bird - before December 6, 2004 - \$325.00

After December 6, 2004 - \$375.00

Total Enclosed \$ _____

Method of payment (All payments to be made in U.S. dollars.)

Check VISA MasterCard

To be completed by credit card users only:

Card Number _____

Expiration date _____

Signature _____

Today's date _____

On Line Registration at:
www.iss.pitt.edu