

NEW this year!
Activity Day
Cycling, Swimming and
other fitness activities!

SKILLS for Life 3

REGISTRATION FORM

NO ONSITE REGISTRATION. Registration deadline is September 12, 2011

Please clearly print the following information and mail, fax or scan and email the form to:

Dianne Farabi
US ISPO – Skills for Life 3
PO Box 3188
Dublin, OH 43016

Phone: 614-659-0197
Fax: 614-336-8596
dfarabi@columbus.rr.com

Name _____

Name as you want it to appear on badge _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

If paying by credit card:

Credit Card# _____ Sec Code _____ Exp Date _____

Billing Address (if different from above) _____

Please check one:

- Person with limb loss
- Spouse/family member/attendant/caregiver
- Therapist
- Prosthetist
- Rehab nurse/Case manager
- Physician
- Life care planner

- | | |
|--|--------|
| <input type="checkbox"/> Bilateral Upper Limb Loss Attendee | N/A |
| <input type="checkbox"/> Speaker | 150.00 |
| <input type="checkbox"/> Spouse/family member/attendant/caregiver Attendee
(of Bilateral Upper Limb Loss Attendee) | 150.00 |
| <input type="checkbox"/> Full Conference Attendee | 475.00 |
| <input type="checkbox"/> OT Workshop (In addition to full conference fee) | 150.00 |

Total Registration Amount _____

Special needs: _____

Three things you want to learn or accomplish:

1. _____

2. _____

3. _____

NEW FOR 2011

Friday October 14, 2011

Activity Day

I am a Bilateral Upper Limb Loss attendee interested in participating in:

- Swimming
- Cycling
- Gym/Fitness
- XBOX Kinect

I am a Healthcare attendee interested in volunteering to assist with:

- Swimming
- Cycling
- Gym/Fitness
- XBOX Kinect

Organized by:

