

# Fall 2002 Workshop in Physical Therapy

The Department of Physical Therapy at UIC is presenting a non-credit workshop offering CEUs to physical therapists and occupational therapists:

Saturday, October 12, 2002 — 8am - 5pm

## Children with Disabilities: Trends in Intervention Strategies and Outcomes

FEATURING

Dr. Suzann Campbell, PhD, PT, FAPTA — *Current Trends in NDT*  
Kimberly Bryze, MS, OTR/L — *Sensorimotor Impairments: What's new?*  
Dr. Thubi Kolobe, PhD, PT — *Measuring Outcomes: Research, Practice and Challenges*

FACTS

The cost for this workshop is \$125 and includes lunch provided by the department. Registration check-in begins at 8am.  
Location: UIC campus. Details to follow with your confirmation.

PHYSICAL THERAPY  
AT UIC

UIC's Department of Physical Therapy is committed to offering physical therapists high quality, evidence-based courses for continued professional and educational development. To learn more about Physical Therapy at UIC, visit

[www.uic.edu/ahp/pt/](http://www.uic.edu/ahp/pt/) or email [mbulanda@uic.edu](mailto:mbulanda@uic.edu).

For a complete catalog of UIC's continuing education programs, including graduate-level credit courses in Physical Therapy, visit the Office of Continuing Education website at

[www.oce.uic.edu](http://www.oce.uic.edu)

Or you can call us at (312) 996-8025

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Please use ink and print legibly.

**Enrollment Deadline: October 5, 2002**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: [ ] [ ] [ ] [ ] Gender:  Female  Male Social Security No: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Highest Earned Degree:  Baccalaureate  Master's  Doctorate Graduation Month/Year \_\_\_\_\_ / \_\_\_\_\_

### PAYMENT INFORMATION:

Payment enclosed:  Check or Money Order (payable to University of Illinois in US funds only)

Credit Card:  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Certification (required): The above information is true and complete. I understand that by submitting this form, I will be obligated to pay all charges and will not receive a refund for the related noncredit program fee after October 5, 2002.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed form to our address below  
or fax to (312) 996-8026 (Fax submissions accepted with credit card or verified waiver only)

UNIVERSITY OF ILLINOIS AT CHICAGO - OFFICE OF CONTINUING EDUCATION  
322 SOUTH GREEN STREET, SUITE 202 ~ CHICAGO, IL 60607-3544

PT WORKSHOP  
October 12, 2002  
ENROLLMENT FORM

COURSE FEE: \$125

**UNIVERSITY OF ILLINOIS AT CHICAGO**  
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