



2010 GOTA & NMEDA National Seminar
March 19, 2010
Earn 6.5 Contact Hours
The Medical Center
710 Center Street, Columbus, GA 31902



1 - ATTENDEE INFORMATION

Name: _____ Credentials: _____

Address: _____ Member No.: _____

_____ Phone: _____

Email Address: _____ Fax: _____

2 - REGISTRATION/SCHEDULE

7:30AM - Registration

8:00AM - "Helping Your Patients Achieve Independence: Automotive Mobility Solutions"

An introductory level course for adult and pediatric therapists, and others not familiar with adaptive driving and modified vehicles. This course will assist the allied health practitioner in understanding and advocating for individuals and families seeking vehicle modification solutions. It will provide live, hands on, walk-a-round solutions for wheelchair accessible vans, automated and manual seating systems, hand controls and wheelchair docking devices.

6.5 Contact Hours

FEES

- | | |
|--|---|
| MEMBER | GUEST |
| <input type="checkbox"/> GOTA or other state OT Member \$85.00 | <input type="checkbox"/> Non - Member \$160 |
| <input type="checkbox"/> NMEDA Member \$85.00 | |
| <input type="checkbox"/> ADED Member \$85.00 | |
| <input type="checkbox"/> Discount Off Total fee Attendees) | Rate of 10% (5 or more) |

4:15PM - Adjourn

Advanced registration is required. To register online for this event, visit www.gaota.com. If you would like to register via fax or mail, print and fax/ mail this registration form to the GOTA Executive Office at 770-433-2907

3 - Donations

I would like to donate to the Occupational Therapy in Political Action in Georgia (PAG) Fund at the \$ _____ level

Contributions to the OT PAG Fund can be a dollar (and up) and will be thoughtfully utilized to support issues, people and activities that contribute positively to the OT profession in Georgia. The OT PAG is a politically active committee and is not fiscally tied to GOTA.

TOTAL _____

4 - PAYMENT INFORMATION

TOTAL PAYMENT

Name on Card: _____

Card Type: MasterCard Visa

Card Number: _____

Billing Zip: _____ Security Code: _____

Signature of Cardholder: _____

Expiration Date: _____

CANCELLATION POLICY

All cancellation requests must be submitted in writing via mail or email to GOTA. A full refund will be issued if written notification is received prior to March 12, 2010. No refunds will be issued after March 12, 2010. No refunds will be issued for any missed sessions or events, including sessions missed due to travel delays. No refunds will be issued onsite at the workshop. GOTA is not responsible for attendees' accommodations and fees.