COURSES & PRICES

(Please check the courses you are interested in taking)

☐ **Medical Screening for Referral**

PT Member .....$375_____
PT NonMember .....$575_____

Instructor: David Sheer
15 Contact Hours
Friday, October 15, 2010
8:00am – 12:00pm
1:00pm – 5:30pm
Saturday, October 16, 2010
7:45am – 12:00pm
1:45pm – 5:00pm

☐ **Clinical Prediction Rules: Clinical Application for the Outpatient Orthopedic Physical Therapist**

PT Member .....$275 _____
PT NonMember .....$425 _____

Instructor: Craig O'Neal
11.5 Contact Hours
Friday, October 15, 2010
7:45am – 12:00pm
Saturday, October 16, 2010
7:30am – 12:00pm
1:45pm – 5:15pm

☐ **Wound Care Practices, Protocols and Problem Solving for the Physical Therapist**

PT Member .....$75_____
PT NonMember .....$120_____
PTA Member .....$38 _____
PTA NonMember .....$60 _____
Student .....$20 _____
(Subject to Availability)

Instructor: Hollie Smith
3 Contact Hours
Friday, October 15, 2010
1:00pm – 4:15pm

☐ **Evidence Based Guidelines for Electrotherapy**

PT Member .....$100 _____
PT NonMember .....$160 _____
PTA Member .....$56 _____
PTA NonMember .....$80 _____
Student .....$20 _____
(Subject to Availability)

Instructor: Judy Clifft
4 Contact Hours
Friday , October 15, 2010
1:00pm – 5:15pm

☐ **Ethics in Physical Therapy Practice**

PT Member .....$25 _____
PT NonMember .....$50 _____
PTA Member .....$20 _____
PTA NonMember .....$50 _____
Student .....$20 _____
(Subject to Availability)

Instructor: Baron Johnson
2 Contact Hours
Saturday, October 16, 2010
8:00am – 10:00am

☐ **Jurisprudence - The Legal Basis of Physical Therapy Practice**

PT Member .....$25 _____
PT NonMember .....$50 _____
PTA Member .....$20 _____
PTA NonMember .....$50 _____
Student .....$20 _____
(Subject to Availability)

Instructor: Mary Pat Jobes
2 Contact Hours
Saturday, October 16 2010
1:45pm – 3:45 pm

BOX LUNCH: (Included for Friday and Saturday)

Friday, October 15, 2010 - 12:00pm to 1:00pm ☐ YES ☐ NO
Saturday, October 16, 2010 - 12:00pm to 12:45pm
Ethics Panel Discussion/12:45pm to 1:00pm Chapter Business Meeting ☐ YES ☐ NO

Please check above or no lunch will be provided.

☐ **Social Registration (Not Attending Classes)**

Includes: Breakfast, Lunch, Exhibits, and Friday Reception

PT Member	$35_____
PT NonMember	$45_____
PTA Member	$35_____
PTA Non Member	$45_____
Students	$45_____

☐ **Reception**

Friday , October 15, 2010 - 6:30pm to 11:00 pm (Transportation Provided)
Dinner/Dance Crenshaw's Christmas Tree Farm
Included in Registration Fee ☐ YES ☐ NO

Location
Jackson Madison County General Hospital
620 Skyline Drive
Jackson, TN 38301
Parking is free in the Hospital Parking Garage.

Subtotal: $_____
Registration after October 9th add:.....$ 25
Total Paid: .....$_____

REGISTRATION

(please type or print neatly)

Name: _____

Company: _____

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Phone: (___)_____ **Fax:** (___)_____

Email: _____

Check One:

☐ PT Member ☐ PT Nonmember ☐ PTA Member
☐ PTA Nonmember ☐ Student Member ☐ Student Nonmember

APTA Member #: _____

Payment Method:

☐ **Check enclosed** *(Payable to TPTA)*
☐ **Charge my:** ☐ **VISA** ☐ **Mastercard**

Account #: _____ **Exp. Date:** ___/___/___

Name of Cardholder: _____

Your Signature: _____

Date: ___/___/___

Total Paid: $ _____

To register, detach this completed registration form and send it along with payment to:

TPTA
TENNESSEE
Physical Therapy Association

Tennessee Physical Therapy Association
4205 Hillsboro Road, Suite 317
Nashville, TN 37215

for more information or to register by fax:
Phone: 615-269-5312 • Fax: 615-297-5852

download registration form at:
tptaonline.org