



EUROPEAN SEATING SYMPOSIUM Incorporating Assistive Technology

In conjunction with the International Seating Symposium

www.seating.ie info@seating.ie

Central
Remedial
Clinic

REGISTRATION FORM

ESS STUDY DAY Limerick, Ireland 1 April 2011

VENUE:

Central Remedial Clinic/
St Gabriels Centre,
Springfield Drive,
Dooradoyle,
Limerick

For more information on this event please contact:

Assistive Technology and Specialised Seating Department
Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin 3, Ireland
Tel: +353 1 854 2437 Fax: +353 1 854 2379 Email: info@seating.ie

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ESS STUDY DAY: AGENDA

08:45 - 09:15	Registration & Exhibition
09:15 - 09:30	<i>Opening Address</i> Simon Hall , Director, European Seating Symposium
09:30 - 10:00	<i>Practical Steps to Implementing Practice Based Research</i> Michelle Spirtos , Lecturer, Discipline of Occupational Therapy, Trinity College, Dublin
10:00 - 10:45	<i>Custom Moulded Seating - Considerations for Prescription and Use</i> Sharon Power , Senior Occupational Therapist, Assistive Technology and Specialised Seating Department, Central Remedial Clinic, Scoil Mochua, Clondalkin, Dublin
10:45 - 11:15	Tea/Coffee & Exhibition
11:15 - 12:15	<i>The Team Approach to Feeding the Complex Child</i> Feeding Team , St Gabriels Clinic, Limerick
12:15 - 13:00	<i>Sharing our Experience of Using Outcome Measures for Seating and Mobility</i> Mary McDonagh , Senior Physiotherapist, Assistive Technology and Specialised Seating Department, Central Remedial Clinic, Dublin
13:00 - 14:15	Lunch and Exhibition
14:15 - 16:15	<i>Driving to Learn - A Training Method for Children, Adolescents and Adults with Profound to Mild Degrees of Cognitive Disabilities</i> Dr Lisbeth Nilssen , PHD, OT, Sweden



PARTICIPANT REGISTRATION FORM (LIMERICK STUDY DAY)

Please send the completed Registration Booking Form in **BLOCK CAPITALS** to:
Lisa McCormack, European Seating Symposium, Assistive Technology and Specialised Seating Department, Central Remedial Clinic, Clontarf, Dublin 3, Ireland.

Surname: _____ First Name: _____

Occupation: _____

Organisation: _____

Address: _____

Country: _____

Phone: _____ Email: _____

PAYMENT DETAILS

Amount due: € 40

Payment by: Cheque (*please make cheque payable to the Central Remedial Clinic*)
 Credit Card

CREDIT CARD DETAILS:

Card Type: VISA Mastercard

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