



# EUROPEAN SEATING SYMPOSIUM Incorporating Assistive Technology

In conjunction with the International Seating Symposium

[www.seating.ie](http://www.seating.ie) [info@seating.ie](mailto:info@seating.ie)

Central  
Remedial  
Clinic

REGISTRATION FORM

## ESS STUDY DAY Waterford, Ireland 10 December 2010

### VENUE:

Central Remedial Clinic,  
Waterford Regional Hospital,  
Dunmore Road, Waterford

### 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](mailto:info@seating.ie)

[www.seating.ie](http://www.seating.ie)

European Seating Symposium, 7-10 November 2011  
The Convention Centre, Dublin [www.seating.ie](http://www.seating.ie)





## ESS STUDY DAY: AGENDA

- 09:00 - 09:30** Registration & Exhibition
- 09:30 - 10.30** *Delving into Best Practice - Service Standardization and Outcomes*  
**Mark Schmeler, PhD, OTR/L** University of Pittsburg
- 10:30 - 11:15** Tea/Coffee & Exhibition
- 11:15 - 12:15** *Seating the Complex Child*  
**Simon Hall, Manager** Assistive Technology and Specialised Seating Department,  
Central Remedial Clinic
- 12:15 - 13.15** *Positioning for Functional Feeding*  
**Feeding Team, Central Remedial Clinic**
- 13.15 - 14.30** Lunch & Exhibition
- 14.30 - 16.30** *Driving to Learn. A training method for children, adolescents and adults with profound to mild degrees of cognitive disabilities*  
**Dr Lisbeth Nilssen, PhD OT**



# PARTICIPANT REGISTRATION FORM (WATERFORD STUDY DAY)

Please send the completed Registration Booking Form in **BLOCK CAPITALS** to:  
Mary Nolan, 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: € 60

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

Credit Card

### CREDIT CARD DETAILS:

Card Type:  VISA  Mastercard

Card Number:             CVA Number:

Expiry Date:   /

Name (*as on card*): \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

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