

Evaluation and Treatment of Crouch Gait in Individuals With Cerebral Palsy

A One-Day Tutorial

January 30, 2009

7:30 a.m. to 4:30 p.m.

Gillette Children's Specialty Healthcare
200 University Ave. E.
St. Paul, Minn.

Registration Deadline: **Jan. 16, 2009**

Please complete the information below and mail or fax to:

AACPDM
Attn: Tiffany Jackson
555 E. Wells St., Ste. 1100
Milwaukee, WI 53202
414-276-2146 (Fax)

Name _____

Profession _____

Practice Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ FAX _____

E-mail Address _____

Special needs: mobility, hearing, vision, meals, etc. _____

All requests are kept confidential.

Please indicate your choice for a specialty session:

- Orthopaedic Surgery**
- Orthotics**
- Pediatric Rehabilitation Medicine**
- Physical Therapy**

Four-participant limit per session.

Participant Dinner

- Yes, I will attend the dinner.
- No, I will not attend the dinner.

Participants will be charged \$15 at the time of the dinner.

Fees

AACPDM member – \$50 Member ID No. _____
Nonmember – \$100

Fee includes CME credits, course materials and lunch.

Payment Information

Credit Card:

- Visa (number) _____ Exp. date _____
- MasterCard (number) _____ Exp. date _____
- Check Amount enclosed \$ _____

Name (as it appears on credit card) _____

Signature _____

Amount to charge \$ _____

For course content information, call **Jean Stout** at 651-312-3112 or 800-719-4040 (toll-free).
For registration information, call **Tiffany Jackson** at 414-918-3014. Or visit www.aacpdm.org.