



Southwest District of the Florida Chapter of IARP

Innovations in Florida Rehabilitation

October 14, 2011

6 CEUS: CRC, CCM, CDMS, CVE, CLCP, & RN

Stetson College of Law * 1700 North Tampa St., Tampa, FL 33602

Sponsor Registration Invitation

Tentative Agenda:

8:00-8:30 am: Registration/Breakfast

8:30-10:30 am: Medical Ethics: Dr. Richard Rapoport

10:30-11:00 am: Break with Vendors

11:00-12:00 pm: Functional Capacity Evaluations: Tara Marchand, OTR

12:00-12:30 pm: Lunch/Exhibitors

12:30-1:00 pm: Introduction of Sponsors/Exhibitors, Drawings, and 50/50 Raffle

1:00-2:30 pm: Florida WC Legislative Update/Chronology of DWC-21 & BRRS Changes: Fausto Gomez

2:30-3:00 pm: Break/Vendors

3:00-4:30 pm: Florida Alliance for Assistive Services & Technology: Nancy Mashberg

4:30-5:00 pm: CEU Evaluations and discussion of what attendees would like to see at next year's conference

Company Name: _____

Company Address: _____

City, State, Zip: _____

E-Mail: _____ Website: _____

Phone: _____ FAX: _____

Contact Name: _____

Space Provided: 6' covered table with two chairs, \$325, and \$350.00 paid after 9/23/11: _____

Additional attendee(s)* \$70, and \$75 paid after 9/23/11: _____

TOTAL DUE = _____

*Attendees: Two registrations are included with 6' table. Additional attendees/exhibitors must be paid for according to above listed rate.

Attendee # 1 _____ Attendee #2 _____

Attendee # 3 _____ Attendee # 4 _____

Sponsorship

_____ I would like to sponsor a break. Cost \$250 and listed on the Workshop agenda as a patron and sign at the refreshment table.

_____ I would like to contribute \$200.00 to defray the cost of the workshop. Listed on Work Shop agenda as a patron.

General Information:

Please contact Susan Parker-Singler for more information or questions regarding exhibits

spsingler@live.com or 727-418-6748

* Make Checks Payable to SW District IARP-Florida

MAIL Checks to: Tony Imperiale, SW District Treasurer-1218 Royal Oak Drive, Dunedin, Florida 34698

Ph: (727)-733-5328; FAX (727)-733-6459

Thank you for your support of the FL IARP Southwest District.

Susan Parker-Singler, MS, BCBA

President, FL IARP SW District

For Internal Use Only: Date Application Received: _____ **Amount Paid:** _____ **Amount**

Due: _____ **Sponsorship:** _____

Vendor Application # _____