

2008 9th Annual
Transforming April 21-25, 2008
Fall Prevention
PRACTICES
 HILTON CLEARWATER BEACH RESORT

PLEASE MAIL REGISTRATION FORM WITH PAYMENT TO:
 ATTENTION: PG2008259/1150
 UNIVERSITY OF SOUTH FLORIDA,
 USF HEALTH PROFESSIONS CONFERRING CORPORATION
 P.O. BOX 864240, ORLANDO, FL 32886-4240

FAX TO: (813) 974-3217 OR REGISTER ON LINE AT:
 WWW.CME.HSC.USF.EDU

FOR FURTHER INFORMATION PLEASE CALL THE OFFICE OF
 CONTINUING PROFESSIONAL DEVELOPMENT AT
 (813) 974-4296 OR 1-800-852-5362

Registration Form

_____		_____		GENDER:	
LAST NAME		FIRST NAME		<input type="checkbox"/> MALE	
_____		_____		<input type="checkbox"/> FEMALE	
EMPLOYER				JOB POSITION:	
_____				<input type="checkbox"/> VA	
HOME ADDRESS				<input type="checkbox"/> NON-VA	
_____		_____		_____	
CITY		STATE		ZIP	
_____		_____		_____	
DAYTIME PHONE		FAX NUMBER			
_____		_____			
EMAIL ADDRESS		NAME AS YOU LIKE IT TO APPEAR ON YOUR BADGE			
_____		_____			
LICENSE TYPE		NUMBER		STATE	
_____		_____		_____	

PLEASE STATE ANY DIETARY RESTRICTION THAT YOU HAVE:

Registration Fees

PRE-CONFERENCE FEES

APRIL 21, 2008, MORNING (PLEASE SELECT ONE):

- GAIT AND BALANCE 101
 FALL PREVENTION IN PERSONS WITH DEMENTIA:
 CHALLENGES AND SOLUTIONS

APRIL 21, 2008, AFTERNOON (PLEASE SELECT ONE):

- RISK FACTORS AND INTERVENTIONS FOR
 WHEELCHAIR FALLS
 INTERDISCIPLINARY CASE STUDIES FOR MANAGEMENT
 OF FALLS IN COMMUNITY-BASED SETTINGS

- PRE-CONFERENCE ONLY\$150.00
 DISCOUNTED FOR THOSE ATTENDING
 MAIN CONFERENCE\$90.00
 PRE-CONFERENCE ONLY,
 ON-SITE REGISTRATION\$175.00

MAIN CONFERENCE

- EARLY FEE IF REGISTERED ON OR
 BEFORE APRIL 7, 2008\$395
 COST PER REGISTRANT FOR GROUPS OF
 3 OR MORE\$316
 IF POSTMARKED AFTER APRIL 7, 2008\$500
 VISN 8 STAFF
 (VA IDENTIFICATION MUST BE PROVIDED)\$120

POST-CONFERENCE FEES

APRIL 24, 2008, AFTERNOON (PLEASE SELECT ONE):

- "GETTING STARTED": DEVELOPING AN ACTION PLAN
 FOR YOUR FACILITY
 "HANDS-ON" PRACTICAL EXPERIENCE WITH THE
 NEWEST DEVICES FOR FALL PREVENTION, FALL
 PROTECTION, AND FALL DETECTION

APRIL 25, 2008, MORNING (PLEASE SELECT ONE):

- TREATMENT OF GAIT AND BALANCE DYSFUNCTION:
 BEYOND THE BASICS
 INTERDISCIPLINARY CASE STUDIES FOR MANAGEMENT
 OF FALLS IN ACUTE CARE SETTINGS

- POST CONFERENCE ONLY\$150.00
 DISCOUNTED FOR THOSE ATTENDING
 MAIN CONFERENCE\$90.00
 POST CONFERENCE ONLY,
 ON-SITE REGISTRATION\$175.00

TOTAL AMOUNT: _____

ALL REFUNDS ARE SUBJECT TO A \$150 PROCESSING
 FEE. THERE WILL BE NO REFUNDS AFTER APRIL 7, 2008.
 FOR QUESTIONS ABOUT REGISTRATION, PLEASE CALL
 (813) 974-4296.

THE UNIVERSITY OF SOUTH FLORIDA COLLEGE OF
 NURSING RESERVES THE RIGHT TO CANCEL THE PRO-
 GRAM DUE TO UNFORESEEN CIRCUMSTANCES, IN
 WHICH EVENT THE FULL REGISTRATION FEE WILL BE
 RETURNED. THE SPONSORS WILL NOT BE RESPONSIB-
 LE FOR ANY OTHER COSTS INCLUDING TRAVEL AND
 HOTEL ACCOMMODATIONS

- ENCLOSED IS MY CHECK/MONEY
 ORDER MADE PAYABLE TO USF HEALTH
 PROFESSIONS CONFERRING
 CORPORATION (USF HPCC) IN
 THE AMOUNT OF \$ _____

CHARGE: \$ _____

MASTERCARD VISA AMERICAN EXPRESS

CARD NUMBER

EXPIRATION DATE:

PRINT NAME ON CARD:

SIGNATURE

DATE

PG2008259/1150