[](http://strokeed.com/)**Registration Form**

**“Evidence-Based Lower Limb Retraining after Stroke Workshop”**

**Presenters:** Dr Kate Scrivener and Joanne Glinsky

**Venue:** Lady Davidson Private Hospital. [434 Bobbin Head Road, North Turramurra, New South Wales 2074](https://www.bing.com/local?lid=YN3724x522454097&id=YN3724x522454097&q=Lady+Davidson+Private+Hospital&name=Lady+Davidson+Private+Hospital&cp=-33.690948486328125%7e151.15057373046875&ppois=-33.690948486328125_151.15057373046875_Lady+Davidson+Private+Hospital&FORM=SNAPST).

**Date**: Friday27th-Sunday 29th August 2021 (3 days).

**Cost:** $750 (incl GST). Workshop fee includes workshop manual, morning/afternoon tea and lunch.

***Please note there is a maximum number of 24 participants for this course. Placement can only be guaranteed once payment is received. This course will be of interest to Physiotherapists and Occupational Therapists. All participants must hold a current AHPRA registration.***

**Participant Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Email:** |  |
| **Contact Number:** |  |
| **Role (Physiotherapist/Occupational Therapist):** |  |
| **Employer:** |  |
| **Dietary Requirements:** |  |

**Payment Details:**

Name of Bank: ANZ

Name of Account: Lady Davidson Private Hospital

BSB: 014 908

Account Number: 1078 17160

Reference: StrokeEd

Please email a copy of your completed registration form with proof of payment to Lee Griffin.

**Email:** [lee.griffin@healthscope.com.au](mailto:lee.griffin@healthscope.com.au)

I confirm that I am an Australian Registered Physiotherapist or Occupational Therapist and hold a current AHPRA registration.

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