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Evidence - Based Upper Limb Retraining after Stroke Workshop

**Venue: Tauranga Hospital, Bay of Plenty, New Zealand**

**Date: Fri 29th Nov – Sun 1st Dec 2019 (3 days)**

**Presenters: Dr. Annie McCluskey and Karl Schurr**

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| **Workshop Participant’s Details** | |
| Surname |  |
| Forename (s) |  |
| Address |  |
|  |  |
| Phone number |  |
| Email address |  |
| Job Title |  |
| Workplace |  |
| Employer |  |
| Special Dietary Requirements | (circle) Vegetarian Vegan Gluten Free None |
| I have access to an FES machine which I am happy to bring to the course □ | |

**Workshop Fee: $850**

Workshop fee includes morning/afternoon tea, lunch and workshop materials.

All participants (Physio/OT) must hold a current APC.

**Payment details:**

Please pay for the workshop to the account below**.** **NB: All of the below information is required so that your payment can be easily traced.**

Name of Bank: ASB

Name of Account: BOP Clinical School Charitable Trust

Account Number: 12-3651-0003495-50

Sort Code: 12-3651

Reference: TH UL Stroke

Particulars: Your initial and surname

Code: Stroke Ed

Please confirm availability prior to completing registration form.

Please e-mail copy of completed registration form with proof of payment to: [carolyn.burke@bopdhb.govt.nz](mailto:carolyn.burke@bopdhb.govt.nz)

**NB: There is a maximum of 24 participants and there have been a large number of expressions of interest. Placement can only be guaranteed once payment is received.**

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_