

GLANTZ RICHMAN SEMINARS REGISTRATION 2010

Name & Credentials _____

Home Address: _____

City, State & Zip _____

Phone _____ Therapy License # _____

Facility Name _____

Work Phone _____ Cell Phone _____

Fax _____ E-Mail _____

- Module I** - [DME Equipment: Selection and Reimbursement Considerations for Rehab Professionals](#)
2.5 CE - Monday, February 8, 2010
- Module II** - [Spasticity Management: Dual Approach, Physiatrist and Skilled Therapy](#)
2.5 CE - Monday, March 8, 2010
- Module III** - [Wheelchairs & Seating: Evaluation, Selection, and Utilization of Products and Techniques to Optimize Positioning](#)
2.5 CE Tuesday, April 6, 2010
- Module IV** - [Developing a Functional Exercise Program for Elderly](#)
2.5 CE Monday, May 24, 2010
- Module V** - [Administration of Functional Assessments – Part I](#)
2.5 CE Monday, June 24, 2010
- Module VI** - [Administration of Functional Assessments – Part II](#)
2.5 CE Monday, July 12, 2010
- Module VII** - [Medicare Rules and Regulations: Unraveling Medicare Myths](#)
2.5 CE Monday, August 16, 2010
- Module VIII** - [Introduction to Edema & Lymphedema Management](#)
2.5 CE Monday, September 13, 2010
- Module IX** - [Brain Train](#)
2.5 CE Tuesday, October 5, 2010
- Module X** - [Advanced Documentation](#)
2.5 CE Tuesday, November 16, 2010

TOTAL COST: _____

10% Discounts for tuition greater than \$300.00

****Please register at least two weeks prior to date of Module.****

MAKE CHECKS PAYABLE TO Glantz Richman Rehabilitation Associates

1560 Indian Trail

Riverwoods, Illinois 60015 Ph: 847-945-1917 or 847-432-3833