

**FIRST ANNUAL ATRI CONFERENCE:**  
**ACCESS TO INFORMATION**  
**JULY 28, 2005**  
**8:00AM – 4:15PM**  
**Registration Form**

**What's Included in Your Registration Fee?**

- Conference Fee of \$40 per person includes lunch and clinical or business track workshops.
- Group rates are \$25 per person when all participants are from the same business. (All registrations must arrive together)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Business Name (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

**Workshops**

**Business and Clinical Tracks**

*Participants may enroll in Business and Clinical Track workshops.*

*Selection is not limited to one track.*

*Please indicate your choices below.*

Clinical Track	Business Track
<input type="checkbox"/> <i>Building an Assistive Technology Research Agenda</i>	<input type="checkbox"/> <i>Accessibility and Usability</i>
<input type="checkbox"/> <i>A Comparison of Infrared Head Pointers A Comparison of Alternative Keyboard Layouts</i>	<input type="checkbox"/> <i>Common barriers to accessibility and usability in conventional web pages</i>
<input type="checkbox"/> <i>Bridging the Digital Divide</i>	<input type="checkbox"/> <i>Accessibility Doesn't Mean Dull</i>



**Please identify your profession:**

- Occupational Therapist                       Physical Therapist
- Nurse     Nursing Home Administrator
- Member of the Business Community

**Payment Method:**

- Check Enclosed (made payable to College Misericordia)
- Credit Card (circle):      VISA      MasterCard      Discover
- Name (as it appears on card): \_\_\_\_\_
- Account Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Signature: \_\_\_\_\_

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**Mail Registration Form to:**

Judith Weintraub  
College Misericordia  
Occupational Therapy Department  
301 Lake Street  
Dallas, PA 18612

**Register by phone/fax:**

**Phone:** 866-262-6363, option 4 twice

**FAX:** 570.674.3052