



Registration

Name _____

Title: Mr. Ms. Mrs. Dr. Prof.

Address: _____

Address2: _____

City: _____

Country: _____ **Postal Code:** _____

Phone (include country code): + _____ **email:** _____

Professional (or Educational) Affiliation: _____

Choose one category: STUDENT PROFESSIONAL

Please indicate the workshop(s) you wish to attend:

	Friday	
	11:15	SEMG as a tool in neuromuscular reeducation & evaluation in physiotherapy
	14:00	Taping Techniques for Injury Prevention
	15:30	Software for clinical use
	Saturday	
	09:15	Student opportunities arising from ESATT
	10:00	The use of software in patient management and epidemiology research
	11:30	Functional Movement Screening Using the Overhead Squat Test
	14:00	Spine boarding technique and practical workshop

Please print this form and return to: ESATT
 OŚRODEK MEDYCZNY GALEN
 ul, Jerzego 6
 43-150 BIERUŃ
 Poland

Make checks payable to ESATT