

Registration Form



AMERICAN HIPPO THERAPY ASSOCIATION, INC.

International Conference

MAY 1-3, 2009

The Westin Atlanta North at Perimeter,
Seven Concourse Parkway,
Atlanta, GA 30328.

"Treatment with the Help of the Horse"

Name and Title _____

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email Address _____

Discipline _____

REGISTRATION FEES:

Early Bird	After April 1st		
\$375.00	\$395.00	Member	\$ _____
\$420.00	\$450.00	Non- Member	\$ _____

Student discount rate -\$75.00 \$ _____
*must show documentation of current status in a
PT, OT or SLP program accredited program*

Please include my tax-deductible donation of \$ _____

TOTAL \$ _____

METHOD OF PAYMENT

_____ Check (enclose and make payable to American Hippotherapy Association, Inc.)

_____ I authorize AHA to charge my credit card

Visa MasterCard AMEX Discover

Credit Card# _____ Expiration Date _____

Signature _____

RANK YOUR CHOICES for Concurrent Sessions A, B, C, D,E and F

Concurrent Session A

- _____ Obtaining Maximum Speech and Language Using a Sensory Integration Trail
_____ Training of the Hippotherapy Horse

Concurrent Session B

- _____ Building an Effective Sensory Integration Trail: A Tutorial
_____ Horse Movement Analysis: Introduction to the Accelerometer

Concurrent Session C

- _____ Effect of Hippotherapy on Speech in Children with Autism
_____ Update On New AHA Course Offerings

Concurrent Session D

- _____ Changes in Trunk/Head Stability and Upper Extremity Function after Hippotherapy
_____ The Elements of a Successful Research Proposal

Concurrent Session E

- _____ Comparison of Functional Outcomes of Two Individuals with CP s/p Selective Dorsal Rhizotomy with and without Hippotherapy
_____ The Power of Words

Concurrent Session F

- _____ Improving Postural Control with Hippotherapy for Children with Down Syndrome and Hypotonia: A Case Study
_____ Using Hippotherapy to Treat Abnormal Postural Control in Children with Disability"

Please mail checks and registration forms to:

American Hippotherapy Association, Inc.
136 Bush Road • Damascus, PA 18415

Fax (570) 224-4462 • Phone 1-888-851-4592