



Mark Your Calendars

MTRA SPRING WORKSHOP MARCH 28, 2008 Grand Valley State University DeVos Campus (Downtown)

Keynote Presenter: Betsy Kennedy, PhD, CTRS
Old Dominion University
Norfolk, Virginia



PROGRAM SCHEDULE

7:30 - 8:30 am	Registration
8:30 - 8:45 am	Welcome
8:45 - 10:15 am	Keynote Address
10:30 - 12 noon	Concurrent Sessions
12:00 - 1:00 pm	Lunch
1:15 - 2:45 pm	Concurrent Sessions
3:00 - 4:30 pm	Concurrent Sessions

.6 Continuing Education Points Available

REGISTRATION DEADLINE

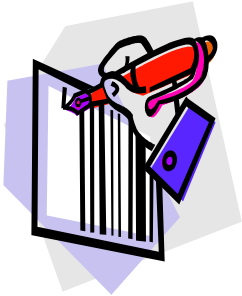
March 21, 2008

Program content and directions will be sent mid February

REGISTER NOW - SEE ENCLOSED REGISTRATON FORM

MTRA is a Chapter Affiliate of ATRA

MTRA SPRING WORKSHOP
REGISTRATION INFORMATION
DEADLINE FOR REGISTRATION : Friday, March 21, 2008



Name: _____

Title: _____

Address: _____

Phone Number Home _____ Work _____

Email _____

Registration Fee includes continental breakfast and lunch. Please check your choice of sandwich:

Ham Roast Beef Turkey Tuna Salad Vegetarian

Please list any special needs you may require: _____

Registration Fees: Please check appropriate boxes ** If you have not renewed your MTRA membership after January 1, 2008, then you will pay the non-MTRA member rate to renew your membership.

- Student MTRA member rate (\$15.00)
- Student Non-MTRA member rate (\$25.00/includes 2008 membership - form attached)
- Professional MTRA member rate (\$60.00)
- Professional Non MTRA member rate (\$75.00/includes 2008 membership - form attached)
- Transcript Fee (\$5.00) (needed to prove continuing education points for NCTRC)
- Total Enclosed (Make check out to MTRA)

Please return registration form (& attached membership form if applicable) and fee to

Questions????
Contact Teresa Beck
616-331-2735
beckt@gvsu.edu

MTRA Spring Workshop
Therapeutic Recreation Program
Grand Valley State University
Cook-DeVos Center for Health
Sciences
301 Michigan Street NE, Suite 200
Grand Rapids, MI 49503



**MICHIGAN THERAPEUTIC RECREATION ASSOCIATION
MEMBERSHIP APPLICATION**

Name _____ Title _____

Address 1 _____

City: _____ State _____ Zip _____

Preferred email of contact _____

Address 2 (If student, permanent address; if professional, home address)

Address: _____

City: _____ State: _____ Zip: _____

Phone (H) _____ Phone (W) _____

Do you wish to be contacted via email for MTRA announcements (i.e. meeting announcements, upcoming workshops) _____ Yes _____ No

Do you wish to have your membership letter and certificate sent via email _____ Yes _____ No

<p style="text-align: center;">Check the Appropriate Blank:</p> <p>____ Recreation Therapy Professional (\$15.00)</p> <ul style="list-style-type: none"> ▪ Voting member ▪ Certification # _____ ▪ Expiration Date _____ ▪ Are you a member of ATRA? _____ Yes _____ No <p>____ Supporting Member (\$10.00)</p> <ul style="list-style-type: none"> ▪ Nonvoting member <p>____ Student Member (\$10.00)</p> <ul style="list-style-type: none"> ▪ Nonvoting member. An individual enrolled in a Recreation Therapy education program 	<p style="text-align: center;">Please answer the following (Professionals only please)</p> <p>1. Years of experience in TR</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">__ 0-3</td> <td style="width: 50%;">__ 12-15</td> </tr> <tr> <td>__ 4-7</td> <td>__ 16-19</td> </tr> <tr> <td>__ 8-11</td> <td>__ 20 +</td> </tr> </table> <p>2. Primary Population: _____</p> <p>3. Organization/Agency: _____</p>	__ 0-3	__ 12-15	__ 4-7	__ 16-19	__ 8-11	__ 20 +
__ 0-3	__ 12-15						
__ 4-7	__ 16-19						
__ 8-11	__ 20 +						
<p>Are you willing to be an intern supervisor? _____ Yes _____ No</p> <p>Can MTRA place your facility name as an internship placement site _____ Yes _____ No</p>							

Complete this form and return with your workshop registration

*** Annual membership is from January to December of each calendar year. The information gathered on this form is for statistical purposes only and will remain confidential

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