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Signature

## **REGISTRATION FORM** DCPTA Spring Chapter Meeting

REGISTRATION FORM DCPTA Spring Chapter Meeting May 2, 2018  DCPTA Name (Please Print)	Speaker: Kimberly Acquaviva, PhD, MSW, CSE  By the end of this session, participants will be able to:	
Check One: PT PTA Other, Specify  APTA Membership No.:  Address  City, State, Zip  Daytime Phone  Evening Phone	<ul> <li>Describe the essential elements of an LGBTQ-inclusive healthcare organization;</li> <li>Assess the extent to which their organization's policies and practices are inclusive of LGBTQ people;</li> <li>List one specific step they can take in the next 30 days to foster LGBTQ-inclusive care as a physical therapist.</li> </ul>	
FAX	Educational Credit: 2 CEUs	
E-Mail	1 -t	
Payment Non Member - \$50   Members - FREE		
□ Check, payable to DCPTA. 18919 Surreywood. San Antonio, TX 782 □ Master Card □ VISA □ American Express	258	
Credit card registrations may be faxed to 877-622-0960 or email to aptaofdc@gmail.com		
Card Number	-	
Expiration Date CVV		
Cardholder's Name	-	

Promoting LGBTQ Inclusivity