

The University of Iowa
Physical Therapy and Rehabilitation Science
<http://www.healthcare.uiowa.edu/physicaltherapy>

Rehabilitation Sciences Career Fair March 6th, 2015

University Club- East Ballroom
1360 Melrose Avenue
Iowa City, IA 52246
(319) 338-5439

Schedule of Events:

10:15-11:00 am: Check-in and Set-up (**FREE Parking on site**)
11:00-1:00 pm: Meet with Physical Therapy, Physical Therapy Assistant, Occupational Therapy and Athletic Training Students from various programs throughout the state of Iowa

Questions?

For any additional questions about registration, hotels, parking, etc. please contact: uipjobfair@gmail.com

If you are an individual with a disability who needs accommodation to attend this event please contact our department through Carol Leigh at 319-335-9792.

Please fill out and return with your registration payment by January 23rd, 2015:

Registration Information:

Institution/Company Name

Address

Contact Name of Representative(s) to Attend

Telephone(s)

Website(s)

Email Addresses

Electrical Outlet Needed? Yes No

Please tell us a little about your clinical site:

Setting(s) that PT your clinical site works in

Outpatient Acute/ Inpatient ECF/SNF/Rehabilitation Facility
 Pediatrics Neuro Orthopedics
 Travel PT Industrial/Occupational Health Home Health
 Other (please specify): _____

What professionals does your site employ? (check all those that apply)

PT OT PTA COTA ATC

Other (please specify): _____

What are some of the best questions you've been asked by students in the past?

Would you like to provide any additional information with students about your organization prior to the Career Fair?

Registration Fee: Fee includes one (8'x 36") table, chairs, refreshments, and free parking.

No Refunds will be issued.

Registration Fee Due: January 23rd, 2015

Clinical Sites Affiliated with University of Iowa: **\$135**

All Other Sites: **\$180**

Payment Information:

Registration Fee Enclosed: \$ _____

Checks Made Payable To: **UI Physical Therapy Student Organization**

Card Payment Information:

Charge my: Visa or MasterCard in the amount of \$ _____

Card Number: _____ Exp. Date: _____

3 Digit CID (on back of card): _____

Cardholder's Name (Printed): _____

Signature: _____

Cardholder's Billing Address: _____

Fax or Mail your Registration Form and Fee to:

Abraham Ward, SPT
Graduate Program in Physical Therapy & Rehabilitation Science
The University of Iowa
1-249 Medical Education Bldg
Iowa City, IA 52242-1190
Fax 319-335-9707