

In the spirit of working together to improve the lives of the children of the U.P.,

Bay Cliff Health Camp

is excited to present

The ^{4th} ^ U.P. Pediatric Therapy Workshop

Thursday, March 23 – Friday, March 24, 2012

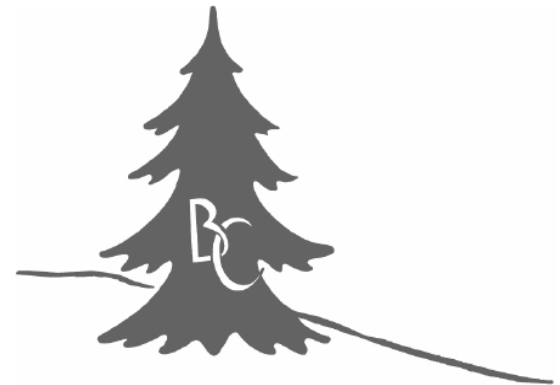
Bay Cliff Health Camp

Big Bay, Michigan

All physical therapists, occupational therapists, speech therapists, music therapists, instructors for the hearing impaired, instructors for the visually impaired and rec therapists, who work with children from the Upper Peninsula, are invited!

Topics will include:

- **Ask the Doctor**
with Dr Mike Nidiffer (Pediatrician)
Pediatric Specialists & Bay Cliff Health Camp
- **Brachial Plexus Palsy**
with Dr Virginia Nelson (Peds PM&R) & Denise Justice (OT)
U of M Medical Center's Pediatric Brachial Plexus Program
- **Pediatric Prosthetics**
with Lynn Vanwelsenaers (Certified Prosthetist)
Wright & Filippis, Inc.
- **Spasticity**
with Kelly McQuillan (PT)
Children's Hospital of Wisconsin
- **Motor Growth Curves & Predicting Motor Outcomes in Cerebral Palsy**
with Lisa Kenyon (PT)
Grand Valley State University



and more!!! (*Program updates will be available at www.baycliff.org.)*

Cost: \$80.00, which includes professional development in-services and resources, collaboration and networking, comfortable housing, home cooked meals, s'mores & more!

The program will start at 10:15am Thursday and end on Friday by 4:00pm.

Everyone will attend all sessions, as they will be multidisciplinary in design.

Feel free to spread the word among your colleagues!

Registration deadline is March 15th

Please contact Christy Osborn, Therapy Coordinator at Bay Cliff, with any questions.
Bay Cliff Health Camp • PO Box 310 • Big Bay, MI 49808 • 906-345-9314 • misschristy@baycliff.org

We hope you can join us!

The U.P. Pediatric Therapy Workshop

2012 Registration Form

Name: _____ Female _____ Male

Home Address: _____

Phone: _____ Email: _____

Employer: _____

Work Address: _____

Phone: _____ Fax: _____

Area of Therapy (i.e. PT, OT, etc.): _____

We hope to have representation from every U.P. County! Which U.P. County or Counties do you provide services in? _____

Have you referred a child to Bay Cliff's summer therapy program in the past? _____

Have you been to Bay Cliff before? _____

Depending on the number of attendees, everyone will be sharing a room with 1 to 3 people. Do you know someone attending whom you would like to share a room with? _____

Do you have any allergies/special dietary needs? _____

For Dr Nidiffer's session, do you have questions or anything specific you would like him to share?

Is there something you would like to share with everyone?

Additional Comments: _____

Please check one:

I enclosed a check to pay for my workshop fee, made payable to Bay Cliff Health Camp.

I will pay my workshop fee when I arrive at Bay Cliff.

Please mail or fax this form by March 15th to: Bay Cliff Health Camp

P.O. Box 310

Big Bay, Michigan 49808

Fax: (906) 345-9890

We will send you an email to confirm that we received this form. The email will include more info too.

We look forward to seeing you at Bay Cliff this Spring!