

# CONFERENCE

## INSIGHTS INTO ADAPTING PHYSICAL ACTIVITY FOR CHILDREN AND ADULTS WITH DISABILITIES

### Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

### Please tick lunch preference:

A. Chicken

B. Vegetarian Option

C. Special Diet/Other (Please specify) \_\_\_\_\_

### Fee €40 must be included to secure a place at the conference.

€40 enclosed Please tick appropriate box:

Cash

Cheque

Bank Draft

Make cheque / bank draft payable to: **APA Conference**

### For further information about the conference please contact:

*Teresa Leahy, University of Limerick,*

*teresa.leahy@ul.ie subject marked "conference".*