



K E E L E
UNIVERSITY

The 30th Scientific Meeting of the Physiotherapy Research Society

Date and place: Thursday 5th May 2011, Keele University, Staffordshire

Keynote speakers and their presentation titles are:

Professor Krysia Dziedzic –

Arthritis Research UK Professor of Musculoskeletal Therapies, Arthritis Research UK Primary Care Centre, Keele University

"Musculoskeletal therapies in primary care: From Park Bench to Bedside"

Professor Julius Sim –

Professor of Health Service Research, Keele University

"Informed consent in health care research"

Dr Jonathan Hill –

Post-doctoral Lecturer in Physiotherapy, Arthritis Research UK Primary Care Centre, Keele University

"Targeted treatment for back pain: results of the STarT Back clinical trial"

Deadline for abstract submission is **FRIDAY 28th of February 2011.**

Costs

The conference fees will be £60 for members, £75 for non-members, and £35 for students. Booking form overleaf.

For further details contact: Mrs Patricia Dziunka, PRS Secretariat, 14 Heath Ave, Littleover, Derby. DE23 6DJ, Email: pdziunka@yahoo.co.uk, or visit our website www.prs-uk.org

Attendance Application Form for PRS conference

For further details contact: Mrs Patricia Dziunka, PRS Secretariat, 14 Heath Ave, Littleover, Derby. DE23 6DJ

tel 01332 299017 Email: pdziunka@yahoo.co.uk, or visit our website www.prs-uk.org

Title & Name:			
Affiliation:			
Employer:			
Address:			
Contact Telephone:		e-mail:	
Conference Fee:	PRS Member	Non-Member*	Student
(please tick one)	£60 <input type="checkbox"/>	£75 <input type="checkbox"/>	£35 <input type="checkbox"/>

Please send a cheque and your completed application form to:

Mrs Patricia Dziunka, 14 Heath Ave, Littleover, Derby. DE23 6DJ

Cheques should be made payable to **Physiotherapy Research Society**.
Applications must arrive no later than 30th April 2011.

Invoice request: please provide all below details:

Name:

Address:

Tel No:

Email:

*Non-Member fee includes one year's membership of the PRS.

Refreshments and lunch will be provided: please indicate any special dietary (or other) requirements

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