

## **"Meaning, Identity, and Self-Regulation in Brain Injury Rehabilitation"**

By Professor Mark Ylvisaker

19<sup>th</sup> May (9.30am – 4pm)

**Name:** \_\_\_\_\_

### **Occupation:**

Speech and Language Therapist       Occupational Therapist     Nurse

Physiotherapist                       Psychologist                       Doctor

Student (please indicate from which course and university)

.....

Other (please indicate).....

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

### **How did you hear about this workshop? (please tick):**

The Bulletin       Email from Colleague

Word of Mouth     Email from CETL

From my university lecturer/tutor

Other (please indicate) .....

Please print this registration form and send together with your registration fee in the form of a cheque made out to CETL, Queen Mary University (Professionals - £25, **Full time** students - £10) to the following address:

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Robin Brook Centre  
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