



Special Interest Group (SIG) Sign Up Sheet

* Please indicate which SIG you are interested in joining:

_____ Pediatric Sports-Fitness SIG (*SIGH1)

_____ Adolescents & Adults With Developmental Disabilities SIG (*SIGH2)

_____ Neonatology SIG (*SIGH3)

_____ School-based Physical Therapy SIG (*SIGH4)

_____ Early Intervention SIG (*SIGH5)

_____ Hospital-based Physical Therapy SIG (*SIGH6)

Membership Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Suggestions for SIG projects, activities, programs: _____

Please mail to:
Section on Pediatrics, APTA
1111 North Fairfax Street
Alexandria, VA 22314-1488
Or fax to: 703/706-8575