



VOLUNTEER SIGN-UP FORM

**89th American Occupational Therapy Association (AOTA)
Annual Conference & Expo
April 22 - 26, 2009**

**Volunteer Coordinators:
Teri Powers, MA, OTR
Sophie Rydin, PhD, OTR
Margarette Shelton, PhD, OTR**

The 2009 AOTA Conference will be in Houston, Texas. This conference relies heavily on the volunteers who help make everything run smoothly. Here is your opportunity to get involved, give back to your profession, and unite with hundreds of volunteers who will help to make this the best national conference in AOTA's history! Please take the time to sign up for one or several of the following volunteer opportunities:

- ***Session Scanners** – serve as a volunteer scanner and attend the session that you scan for free! You can pay a small fee if you would like contact hours for attending the course (unless you Register for Conference, contact hours are included)
- ***Hospitality Booth** – provide information on local restaurants, shops, cultural events, etc. Familiarity with the Houston area is preferred.
- ***Accessibility Services and Information Booth** – answer questions about the accessibility of hotels, conference center, local restaurants & shops, and transportation, nursing room, stretch area, service dog walking areas. Familiarity with the Houston area is preferred.
- ***AOTA Marketplace in Exhibit Hall** – bagging purchases in the exhibit hall
- ***Registration Desk** – handing out conference bags to conference attendees

You do not need to be an AOTA member to volunteer. As a Session Scanner, you may attend the session(s) you scan without registering for conference. Our most critical volunteer needs are for Session Scanners. **NOTE:** We will do our best to assign preferred volunteer position/session but cannot guarantee first choice. Please return this form to Margarette Shelton by **February 18, 2009** via:

- **E-mail** to Margarette Shelton, Vol_aota_2009@prodigy.net
- Confirmation of assigned volunteer position and times will be e-mailed by March 15, 2009.

Name: _____ **OT/OTA/OTS/OTAS:** _____ **School Name (if student):** _____

E-mail Address: _____ **Area of practice/interest:** _____

Home Phone Number: _____ **Cell Phone number-most critical:** _____

Volunteer Interests: (list specific course(s), if wanting to scan, hospitality booth, etc.):

For specific session(s) you'd like to scan, please check AOTA web site to view educational sessions and the session number(s)

Date(s) & Time(s) available to volunteer: _____

AOTA Member? (yes/no): _____ **AOTA Membership Number?** _____

Comments/Special Requests (e.g., "I am hoping to volunteer with my friend...): _____