



Note: If relating a client story, please adhere to HIPAA.

Your Full Name: _____

OTAC Member: Yes No

Phone Number: _____

Email Address: _____

Story Category (check all that apply):

- Inspirational Client Story
- Being an OT/OTA
- Centennial Reflection
- OT Centennial Float
- OTAC Membership
- OTAC Leadership Service
- OTAC Conference Experiences

Your Story: _____
