

CONFERENCE REGISTRATION

TAKE ADVANTAGE OF EARLY BIRD REGISTRATION SAVINGS

Early Bird Registration must be received online, by phone, or postmarked by February 12.

Attendee Name: _____

Address: Work or Home _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Title/Position: _____

BIAC Member: Current New/Renewing Member, please add BIAC Membership fee, see below for rates

Individual Membership....\$35 Family (2 or more)....\$60 Professional.....\$100

Not sure if you are already a member? CALL 860-219-0291 TO CONFIRM YOUR MEMBERSHIP STATUS

How did you hear about the Conference? Email Facebook Friend Work Other _____

REGISTRATION FEES:	Early Bird (by 2/12)	Regular (by 3/31)
BIAC Member*	\$159*	\$189*
Non-Member	\$199	\$229
Brain Injury Survivor / Full-time Student	\$99	\$119
Group Rate**	\$149	\$179

*Join BIAC for as little as \$35 and save on your registration!

**Per person for 5 or more from same organization. In order to receive the group rate ALL registrations MUST be submitted together. Group rate not accepted online, and must be completed by mail or phone.

BIAC MEMBERSHIP:

Individual Membership....\$35 Family (2 or more)....\$60 Professional.....\$100

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CONFERENCE CEUs and CMEs: Please note there is a \$20 CEU and CME Processing fee. Check with your employer about payment responsibilities.

CEU and CME certificates will be provided to attendees for a processing fee of \$20 each.

All certificates will reflect hours attended. Please indicate CEUs* for which you are applying:

- CRC (rehab counselors)* NASW (social workers)* SLP (speech language pathologists)*
 APA (psychologist)* CTPTA (physical therapists)* CME (medical)*

*Application pending

General attendance certificates will be available onsite for those needing a proof of attendance. As a supporter of the Brain Injury Alliance of Connecticut you will receive BIAC Buzz, a monthly e-newsletter providing up-to-date news and information about brain injury and BIAC events. If you prefer not to receive emails from BIAC, please check the box below.

Thank you, but I do not wish to receive the Brain Injury Alliance of CT's e-newsletter, BIAC Buzz.

REQUIRED

Registration \$ _____ New/Renewing Membership \$ _____ CEU/CME Fee \$ _____

TOTAL AMOUNT \$ _____