

# 2019 BIAC Annual Conference Group Registration

Take Advantage of Early Bird Registration Savings

Early Bird Registration must be received by February 16, 2018.

- Mail registration form below with check (payable to BIAC) to 200 Day Hill Rd., Suite 250, Windsor, CT 06095
- By calling (860) 219-0291 x310 with registration and credit card information

Registration Fees:	Early Bird	Regular	Onsite
Group Rate**	(by 2/16)	(2/17- 3/13)	(After 3/13)
	\$149	\$169	N/A

\*\*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.

Group Contact: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment:

Number of Registrants (minimum of 5): \_\_\_\_\_ X \$149 (by 2/16) or \$169 (2/17-3/13) = \$ \_\_\_\_\_

# of CEU Certificates Requested (\$20 per person): \_\_\_\_\_ X \$20 = \$ \_\_\_\_\_

**Total Amount: \$ \_\_\_\_\_**

Check Enclosed (Payable to BIAC)

Credit Card (Fill out information below)

Credit Card:  Visa  Mastercard  AmEx  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Workshop Choices:

**Session I:** A. Critical Care (Landreneau) B. Visual Processing (Padula) C. Self-Determination (Ostrout/Nadeau)

**Session II:** D. Aging w/TBI (Flanagan) E. MTBI & Veterans (Kulas) F. Opioid Crisis & TBI (Sevarino/Scolnic)

**Session III:** G. Medical Marijuana/TBI (Trettel/Klein) H. Behavior/Rehab Setting (Powers, etc.) I. Disclosure (Panel)

1) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)

2) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)

3) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)

4) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

5) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

6) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

7) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

8) Attendee name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

**9) Attendee name:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

**CEUs (\$20 Processing Fee per person):**  CRC (rehab counselor)  NASW (social work)  SLP (speech language)

APA (psychologist)  CME (medical)  CTPTA (physical therapist)

**10) Attendee name:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lunch will be buffet – please indicate if you will be participating in lunch.  Yes  No

Session 1:  A  B  C      Session 2:  D  E  F      Session 3:  G  H  I

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APA (psychologist)  CME (medical)  CTPTA (physical therapist)