

Registration Information

To register for the 32nd Annual Conference for Professionals in Brain Injury, please fill out the form below as you would like it to appear on your name tag. Use one form per person. Each attendee and exhibitor must fill out this registration form – no sharing of registration. Send completed forms to:

Minnesota Brain Injury Alliance
2277 Highway 36 West, Suite 200
Roseville, MN 55113

You may also fax your registration to 612-378-2789, or register online at www.braininjurymn.org.

Name *	_____	Preferred Mailing Address
Occupation	_____	Address: _____
Organization *	_____	Address: _____
Phone	_____	City _____ State _____ Zip _____
E-mail	_____	Billing Address
		<i>(if paying by credit card, this address must match with your credit card billing address)</i>
		Address: _____
		Address: _____
		City _____ State _____ Zip _____

Continuing Education Units (CEUs)

Continuing Education Units (CEUs) will be available at the end of each day following the plenary session. See previous page for complete CEU descriptions.

Please check the sessions you would like to attend (choose one class per session). Attendees are responsible for printing their own handouts. Go to www.braininjurymn.org/handouts.html for more information.

Thursday, April 20

11 a.m. – 12 p.m. – Breakout Session I

A B C D E F

1 – 2 p.m. – Breakout Session II

A B C D E F

Friday, April 21

11 a.m. – 12 p.m. – Breakout Session I

A B C D E F

1 – 2 p.m. – Breakout Session II

A B C D E F

Payment Information

Cancellations received less than 15 days before the conference are subject to a \$35 per day fee.

Registration ends on April 17, 2017 at noon. Mailed registration forms should be mailed no later than Wednesday, April 6, 2016.

- | | |
|---|--|
| <input type="checkbox"/> \$150, 1 day (member) | <input type="checkbox"/> \$175, 1 day (nonmember) |
| <input type="checkbox"/> \$220, 2 days (member) | <input type="checkbox"/> \$250, 2 days (nonmember) |

One additional conference registration is available for exhibitors for \$70 per day

- | | |
|--|--|
| <input type="checkbox"/> \$70, Thursday additional exhibitor | <input type="checkbox"/> \$70, Friday additional exhibitor |
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Group rates are available for groups of five (5) or more. Please contact the Minnesota Brain Injury Alliance to register at group rates. Groups need to register together.

Check enclosed Invoice me Total Enclosed \$ _____

VISA MasterCard Credit Card Number: _____

Name on Card: _____ Expiration Date: _____

Signature of Card Holder: _____

Special accommodations: _____

If you require a reasonable accommodation to access this conference, please inform us by March 20, 2017 and specify your needs.