

Brain Injury Association of Michigan 2008 Registration Form

Brain Injury Association of Michigan, 7305 Grand River, Suite 100, Brighton, MI 48114-7379

(810) 229-5880 • Fax (810) 229-8947

**USE ONE FORM PER REGISTRANT. NO SHARED REGISTRATIONS PLEASE.
(Photocopy form if necessary) REGISTRATIONS CLOSE ON September 15, 2008**

Please Print

Name _____ Title _____

Organization _____

(Circle one) Home or Work? Address _____

City _____ State _____ Zip code _____

Work Phone _____

Home Phone _____

Fax Number _____

E-mail _____

Web Page _____

Check Appropriate Boxes:

Person with a brain injury Family Member Professional

Prepaid Exhibitor: Gold Silver Bronze Preferred Bronze

Registration Fees (Check Appropriate Boxes)

Includes: Conference Sessions, Lunch, Conference Manual, Breaks

Student and Group Rates Available! Call the Association for more information (810) 229-5880.

PROFESSIONALS

	One Day	Two Day	FEE
BIAMI Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205	\$ _____
Non-Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$255	\$ _____

(Save money and join now! Download a membership application at www.biami.org)

PERSONS WITH BRAIN INJURY AND FAMILY MEMBERS RATES (These reduced rates are ONLY available for Friday, September 26th)

BIAMI Member	<input type="checkbox"/> \$65 (Friday Only)	\$ _____
Non-Member	<input type="checkbox"/> \$95 (Friday Only)	\$ _____

(Save money and join now! Download a membership application at www.biami.org)

A limited amount of scholarship rates are available for Brain Injury Association of Michigan members in financial need.
Call for more information at (800) 772-4323

CEU APPLICANTS

GENERAL ARN RN/LPN CDMSC CCM CRC

ASHA AFC STATE OF MI SOCIAL WORK STATE BOARD EDUCATION CBIS

Registrations postmarked, faxed or phoned after

September 12, 2008 add \$50 late fee \$ _____

**REGISTRATIONS postmarked after September 15, 2008 will NOT be processed.
Walk-in Registration is NOT GUARANTEED. Please visit www.biami.org or call
the Association office to find out if there is availability after 9/15/2008.**

THURSDAY EVENING DINNER

(includes dinner, entertainment, dancing and nonalcoholic beverages)

Number of People Attending _____ x \$30 = \$ _____

PAYMENT INFORMATION

Check (make all checks payable to Brain Injury Association of Michigan)

Visa MasterCard American Express Discover Credit Card # _____ Expiration _____

Name on Charge Card _____

Card Holder Billing Address _____

Total Amount Enclosed: \$ _____

Refunds/Cancellations policy: All requests for cancellations must be made in writing on or before September 1, 2008 may receive a refund, less a 25% administrative fee. Refunds will be processed post-conference. No refund for cancellations made after September 1, 2008.

Please check appropriate boxes for sessions you wish to attend: Please select ONE per time slot.

THURSDAY, SEPTEMBER 25, 2008

Morning (10:30 am - 12:00 pm)

TH-01 TH-02 TH-03 TH-04

Afternoon (1:30 pm - 3:00 pm)

TH-05 TH-06 TH-07 TH-08

Afternoon (3:30 pm - 5:00 pm)

TH-09 TH-10 TH-11 TH-12

FRIDAY, SEPTEMBER 26, 2008

Morning (10:30 am - 11:30 am)

FR-01 FR-02 FR-03 FR-04

Afternoon (1:45 pm - 2:45 pm)

FR-05 FR-06 FR-07 FR-08

Afternoon (3:00 pm - 4:00 pm)

FR-09 FR-10 FR-11 FR-12

SPECIAL REQUESTS

I will need a vegetarian meal

I require disability accommodations

Specify _____

Members' Meeting on Thursday from 1:30 pm - 3:00 pm

Yes I will Attend (Does not include lunch)

ATTENDEE INFORMATION (optional)

Person with a Brain Injury Family Member Parent Spouse

Sibling Other _____ Caregiver Friend

I am a First Time Attendee at this Conference

Working In Brain Injury Administrator/Director Attorney

Case Manager Cognitive Therapist Educator Insurance Specialist

Life Care Planner Marketing Neurologist Nurse

Occupational Therapist Physiatrist Psychiatrist Psychologist

Physical Therapist Recreational Therapist Respiratory Therapist

Social Worker Speech Therapist State Agency Employee Substance

Abuse Vocational Counselor Other _____

Gender: Male Female

Marital Status: Single Married Divorced Widowed

Race: African American Asian Pacific Caucasian Non-Hispanic

Hispanic Native American Other _____

I give permission for my name to be released to other attendees and exhibitors at the 28th Annual Brain Injury Association of Michigan's Fall Conference September 25th & 26th, 2008.

Please note: This conference is intended for adult professionals, brain injury survivors and family members. No one under the age of 18 will be admitted.

TOTAL

ADD A or B, + D + E = \$ _____