

REGISTRATION FORM

Name: _____
Organization: _____
Position _____ E-mail: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____

Special Needs/Accommodations: _____

(notification of accommodations must be received in writing by Oct 18, 2011)

Do you need CEUs? If yes, what type?: NASW RN SLP OT Psych

WORKSHOP PREFERENCE

(Please select 1st and 2nd choice for each session)

Session I: 11:15 – 12:15 A B C D E F

Session II: 1:40 – 3:10 A B C D E F

Session III: 3:30 – 4:30 A B C D E F



Registration Costs:

Please note that we do not send out confirmations. If you cannot attend and someone is coming in your place we need to be notified of the substitution no less than 48 hours prior to

General Admission

- \$125 (If received by September 25) \$145 (If received after September 25)
 Walk for Thought TEAM CAPTAINS who raised \$300 or more as a team—no charge
 \$5 CEU processing fee

Individuals with Brain Injury and Family Members

- \$65
 Check if you are requesting a \$40 scholarship.— Survivors only
Survivors—**Please include \$25 on a first come / first serve basis** - limited to individuals with brain injury.
 Veterans with brain injury scholarships are available (limited number-please contact us if interested)

***A limited number of rooms are available at the conference rate of \$119.00. You must reserve by Oct. 1st to guarantee the rate. For reservations contact the Sheraton Hotel directly at 802-865-6600.**

Please send your registration with check (or request for scholarship) payable to: Brain Injury Association of VT **by September 26, 2011** to:

Brain Injury Association of VT
POB 482
Waterbury, Vermont 05676

Phone: 802-244-6850
Fax: 802-244-4005
Email: support1@biavt.org

Attention: If you are interested in having an exhibit at the conference or are interested in being a sponsor of the conference, call (802) 244-6850

To register online go to:
www.biavt.org and click on
conference online registration