

REGISTRATION FORM

Name(s): _____

Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail: _____

Special Needs/Accommodations: _____

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:

General Admission \$115.00 \$135.00
(If received by October 1st) (If received after October 1st)

Individuals with Brain Injury and Family Members

\$60.00

Check if you are requesting a \$40.00 scholarship

Please include \$20.00 check or money order for remaining fee.

(Scholarships are available on a first come / first serve basis and are limited to individuals with brain injury.)

*A limited number of rooms are available at the conference rate of \$112.00. You must reserve by 10/2/10 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) by September 25, 2010 to:

Brain Injury Association of VT (Phone: 802-244-6850)
POB 482 (Fax: 802-244-4005)
Waterbury, Vermont 05676 (email: support1@biavt.org)

Make checks payable to: Brain Injury Association of VT

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.