



2017 ANNUAL FALL CONFERENCE

Register Online: www.biami.org/afc

Brain Injury Association of Michigan 2017 Annual Fall Conference Registration Form

Name _____
 Title _____
 Organization _____
 (Circle one) Home or Work?
 Address _____
 City _____ State _____ Zip code _____
 (Circle one) Work/Cell/Home _____
 E-mail _____

If you do not have access to register online; please fill out this form and send with payment to:

BRAIN INJURY ASSOCIATION OF MICHIGAN
7305 Grand River, Suite 100, Brighton, MI 48114-7379,
Phone 810-229-5880, Fax 810-229-8947

- PLEASE USE ONE FORM PER REGISTRANT.
- NO SHARED REGISTRATIONS.
- REGISTRATION CLOSING ON AUGUST 31, 2017

REGISTRATIONS postmarked after August 31, 2017 will NOT be processed. Walk-in Registration is NOT ALLOWED.

Please visit www.biami.org or call the Association office to find out if there is availability after August 31, 2017.

REGISTRATION RATES

Includes: Conference Sessions, Lunch, Conference Program, Breaks

	MEMBER		NON-MEMBER		AFTER 8/09/17 MEMBER		AFTER 8/09/17 NON-MEMBER	
	One Day	Two Days	One Day	Two Days	One Day	Two Days	One Day	Two Days
SINGLE	\$170	\$250	\$250	\$325	\$220	\$300	\$300	\$375
SURVIVORS & FAMILY MEMBERS - ONE DAY ONLY RATE	\$70 <input type="checkbox"/> TH OR <input type="checkbox"/> FRI		\$100 <input type="checkbox"/> TH OR <input type="checkbox"/> FRI		A limited amount of scholarship rates are available for BIAMI members. Call for information (800) 444-6443.			

THURSDAY EVENING DINNER
(includes dinner, entertainment, dancing and non-alcoholic beverages)

NUMBER ATTENDING _____ X \$35 = \$ _____

TOTAL = \$ _____

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

THURSDAY, SEPTEMBER 14, 2017

- Morning Keynote (8:30am-9:30am)
Session I (10:15am-11:15am)
 TH-01 TH-02 TH-03 TH-04
Session II (11:45am-12:45pm)
 TH-05 TH-06 TH-07 TH-08
Session III (1:45pm-2:45pm)
 TH-09 TH-10 TH-11 TH-12
Session IV (3:15pm-4:15pm)
 TH-13 TH-14 TH-15 TH-16

FRIDAY, SEPTEMBER 15, 2017

- Morning Keynote (8:30am-9:30am)
Session I (10:15am-11:15am)
 FR-01 FR-02 FR-03 FR-04
Session II (11:45am-12:45pm)
 FR-05 FR-06 FR-07 FR-08
Session III (1:45pm-2:45pm)
 FR-09 FR-10 FR-11 FR-12
Session IV (3:00pm-4:00pm)
 FR-13 FR-14 FR-15 FR-16

PAYMENT INFORMATION

Check (make all checks payable to Brain Injury Association of Michigan)
 Visa MasterCard American Express Discover
 Credit Card # _____ Expiration _____ Sec. Code _____
 Cardholder Name _____
 Cardholder Billing Address _____
 Total Amount Enclosed: \$ _____

Refunds/Cancellations policy: All requests for cancellations must be made in writing on or before August 31, 2017 may receive a refund, less a 25% administrative fee. Refunds will be processed post-conference. No refund for cancellations made after August 31, 2017.

SPECIAL REQUESTS

- Special Dietary Needs _____
 I require disability accommodations
 Specify _____
Members' Meeting on Thursday from 1:45 pm - 2:45 pm
 Yes I will Attend (Does not include lunch)

I DO NOT give permission for my name and contact information to be released to others for marketing purposes at the Annual Brain Injury Association of Michigan's Fall Conference September 14 & 15, 2017.
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.