

BIA-MO CONFERENCE REGISTRATION 2017

(Reservations required by September 22, 2017)

Name: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Fax: _____ E-mail: _____

Additional 2. _____ 3. _____

Names: 4. _____ 5. _____

Professional Conference: Thursday, October 5 - Friday, October 6, 2017

Total Amount:

Non-Member BIA-MO Conference Fee (Thurs-Fri) _____ \$220 x _____ = \$ _____

BIA-MO Member Conference Fee _____ \$170 x _____ = \$ _____

Family Member _____ \$90 x _____ = \$ _____

Survivor _____ \$65 x _____ = \$ _____

Student _____ \$65 x _____ = \$ _____

Survivor and Family Seminar, Saturday, October 7, 2017

of Attendees

Survivor, Family & Friends _____ FREE x _____

Awards Luncheon and Annual Meeting (Lunch Guest Only) _____ FREE x _____

Meal Requests and Restrictions

Vegetarian meal requests and dietary restrictions are required by September 22, 2017. No exceptions will be made at the Conference.

I request vegetarian meals.

I have dietary restrictions. *Specify:* _____

BIA-MO Membership Gift _____ = \$ _____

Additional Donation to support BIA-MO programs _____ = \$ _____

Total number of attendees = _____ **TOTAL ENCLOSED = \$** _____

Payment Options

I have enclosed my check/money order for \$ _____

Please invoice me

Please charge my Visa/MasterCard/Discover/American Express

Name on Card _____ Card # _____

Exp. Date: _____ V-Code (on back): _____

Cardholder billing address (if different than above) Address/Zip: _____

Complete and mail or fax by September 22, 2017 to:

Brain Injury Association of Missouri
2265 Schuetz Rd., Saint Louis, MO 63146-3409
Phone: 314.426.4024 • Fax: 314.426.3290
Online registration available at www.biamo.org

