

ALBERTA BRAIN INJURY CONFERENCE 2011



REGISTRATION FORM

Three easy ways to register:

1 Fax
780-425-5121

2 Mail
 Alberta Brain Injury Conference 2011
 ATTN: Leah Doyle
 PO Box 53058
 14035 – 105 Avenue NW
 Edmonton, AB T5N 0Z1

3 Online
www.biaa.ca/ablc2011

Questions? Please call Leah Doyle at (780) 668-3005 or email ldoyle@edmonton.com

* I AM A: Survivor Caregiver Family Member Professional Researcher Student

* MANDATORY FIELDS

*First Name: _____ *Last Name: _____

Name as you want it to appear on Name Badge (if different than above): _____

Company Name (if applicable): _____

*Mailing Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Phone Number (including area code): (_____) _____

Fax Number (including area code): (_____) _____

*Email: _____

Please indicate dietary and/or physical restrictions: _____

* MANDATORY TO PICK ONE

REGISTRATION RATES (please check appropriate box):

Due to funding cuts, subsidies are not available, however, invitees may contact their local service clubs and make a request for funding support.

Early Bird Registration (until Monday, October 11, 2011 @ 4:00 pm)..... \$375.00

Regular Registration \$425.00

Abstract Presenter enter code _____ \$250.00

Sub Total: \$ _____

GST 5% or Tax Exemption #: \$ _____

Total: \$ _____

All prices are in Canadian Dollars & do not include GST

SESSION SELECTION: Please indicated 1st Choice:

All of the Concurrent Sessions are part of your Conference registration fee. Please indicate your first choice. Your indication of preferences will help us with our room allocation. During the Conference, sessions are on a first-come, first-served basis.

* MANDATORY FIELDS

SATURDAY, NOVEMBER 12, 2011

Concurrent Session 1 10:45am – 11:45am

- Survivor/Caregiver Stream (A)
 Research Stream (B)
 Service Providers Stream (C)

Concurrent Session 2 12:45pm - 1:45pm

- Survivor/Caregiver Stream (A)
 Research Stream (B)
 Service Providers Stream (C)

Concurrent Session 3 1:45pm - 2:45pm

- Survivor/Caregiver Stream (A)
 Research Stream (B)
 Service Providers Stream (C)

Concurrent Session 4 3:00pm - 4:00pm

- Survivor/Caregiver Stream (A)
 Research Stream (B)
 Service Providers Stream (C)

Saturday Night Event - attend: yes no

SUNDAY, NOVEMBER 13, 2011

Concurrent Session 5 10:45am - 11:45am

- Survivor/Caregiver Stream (A)
 Research Stream (B)
 Service Providers Stream (C)

PAYMENT OPTIONS (Please check one):

NOTE: payment MUST accompany registration

Enclosed is my cheque
 (Payable to BIAA, with the registrant's name
 clearly noted on the cheque)

Enclosed is my money order
 (Payable to BIAA)

Please charge \$_____ to the following credit card: MasterCard Visa

Card Number: _____ Expiration Date: _____

Card Holder Name: _____

Card Holder Signature: _____

IMPORTANT REMINDERS:

- ✓ Registrations will only be processed when accompanied with full conference fee payment (cheque, money order or credit card) or completed subsidy request and subsidy fee.
- ✓ All cancellations MUST be submitted in writing to AMG Solutions. Cancellations are subject to a \$75 cancellation fee if received prior to October 21, 2011; cancellations received after October 21, 2011 will NOT be eligible for a refund.
- ✓ Hotel accommodations must be made by October 11, 2011.
 Phone: 1-888-421-1442 • Online: <https://resweb.passkey.com/go/braininjuryassoc>