



Registration Form

2nd Annual Pacific Northwest Regional Brain Injury Conference 2004

Please register not later than September 15, 2004 to receive discount, assure admittance and facilitate check-in.
*(Note: A separate registration form is needed for each person attending.
 Please make extra copies of the form as needed for other attendees.)*

| | |
|---------------------|----------------------------------|
| First Name _____ | Last Name _____ |
| Badge Name _____ | Affiliation/Company _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Phone _____ | Fax _____ Email _____ |
| Special Needs _____ | |

Please check all that apply:

- I am interested in volunteering at the conference. Please call me.
- I am requesting continuing education credits (CEU's and CME's) for the conference.
- I would like to make a donation to cover costs of survivors unable to pay (see below).
- Call me about sponsorship/exhibitor opportunities.

Conference Registration Fees: Registration fees include: continental breakfast and dinner on Friday; lunch on Friday and Saturday; all conference related materials; continuing medical/educational units; and access to all conference sessions, exhibits, posters and roundtables.

| | BIAOR Member ¹ | Non-Member | Accompanying Person ² | Amount |
|--|---------------------------|------------|----------------------------------|--------|
| <input type="checkbox"/> 2 Day Conference Advance- | \$225 | \$275 | \$130 | |
| <input type="checkbox"/> After September 15 | \$250 | \$300 | \$155 | \$ |
| <input type="checkbox"/> Friday Only Advance- | \$175 | \$200 | \$80 | |
| <input type="checkbox"/> After September 15 | \$200 | \$225 | \$105 | \$ |
| <input type="checkbox"/> Saturday Only Courtesy³ Advance | \$20 | \$30 | | |
| <input type="checkbox"/> Courtesy³ After September 15 | \$25 | \$35 | | \$ |
| <input type="checkbox"/> Saturday Only Survivor/Family Advance- | \$50 | \$75 | | |
| <input type="checkbox"/> Survivor/Family After September 15 | \$75 | \$95 | | \$ |
| <input type="checkbox"/> Saturday Only Professional Advance- | \$125 | \$150 | | |
| <input type="checkbox"/> Professional After September 15 | \$150 | \$175 | | \$ |

1) A limited number of conference scholarships are available to survivor members of BIAOR to cover the costs of conference registration. Transportation from Portland and Salem to and from the conference is also available to survivor members on a limited basis. For more information, contact the BIAOR office.

2) **Accompanying Person:** Registration fee includes continental breakfast, dinner on Friday, lunches and exhibition only. Fee does not include admission to conference sessions.

3) Courtesy rate is for brain injury survivors with limited means.

I want to become a BIAOR member NOW to receive the **discounted** registration fee:

- Basic-\$35
- Family-up to 3 people-\$50
- Survivor Courtesy³-\$5
- Professional-\$50
- Sustaining-\$100
- Corporation-\$200
- Sponsorship Bronze-\$250
- Sponsorship Silver-\$500
- Sponsorship Gold-\$1000
- Sponsorship Platinum-\$2000

Scholarship Contribution _____ (donation to assist in covering the cost of survivors with limited funds)

Registration and Membership

Total \$ _____

(Please add totals from Registration Fee, Membership Fee and Scholarship Contribution for final total costs)

Please turn over
Registration continued

Conference 2004 Registration Continued

Payment

Payment in full must accompany your registration. Payment may be made by check or money order, VISA , Discover, or MasterCard.

Enclosed please find my check/ money order payable to BIAOR in the amount of \$ _____.

Please charge to my credit card (\$35 minimum):

Visa MasterCard Discover *Total Charged to Credit Card* \$ _____

Card Number: _____ Expiration Date _____

Print name as it appears on card: _____ Signature of Cardholder: _____

Confirmation and Cancellation Policies

Confirmation letters will be e-mailed within five business days of receipt of registration. If your confirmation is not received within 2 weeks, please contact us via e-mail at biaor@biaorgon.org or by telephone at +1-800-544-5243 or 503-413-7707, M-F, 9-5.

Cancellations must be received in writing by September 26, 2004 to qualify for a refund. A \$25.00 administrative fee will be deducted. Substitutions are always welcomed and no-shows will be billed.

Registration, Payment, and Refund Policy

Please submit payment with completed registration form.

Fees are payable by check, credit card, or state government purchase orders which obligate payment.

All payments must be received by September 15, 2004, to be eligible for discount.

All cancellations are subject to a \$25 processing fee.

No refunds will be issued for cancellations received after September 26; however, registrations are transferable.

Mail registration forms and payments to:

2004 Conference
Brain Injury Association of Oregon
2145 NW Overton
Portland OR 97210-2924

Or Fax to: (503) 413-6849