



# BRAINTREE

## REHABILITATION HOSPITAL

FIVE★STAR QUALITY CARE

### 32<sup>nd</sup> ANNUAL NEUROREHAB CONFERENCE

NOVEMBER 12-13, 2011

Hyatt Regency Hotel

575 Memorial Drive

Cambridge, MA 02139

#### CONFERENCE REGISTRATION FORM

One applicant per form (photocopies are acceptable. Registration cannot be shared. Please make checks payable to: **Braintree Rehabilitation Hospital**. Completed registration forms may be faxed to 781-380-4196 or mailed to: Donna Carr, Education Coordinator, Braintree Rehabilitation Hospital, 250 Pond Street, Braintree, MA 02184. Refunds, minus a \$50 administrative fee, will be granted if request is received in writing by 10/31/11.

NAME: \_\_\_\_\_ PROFESSIONAL DISCIPLINE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 DO YOU REQUIRE SPECIAL ACCOMMODATIONS? \_\_\_\_\_ IF YES, PLEASE CALL 781-348-2113 TO MAKE ARRANGEMENTS

#### F E E S

EARLY REGISTRATION ( <i>PRIOR TO 10/21/11</i> )	\$345
REGULAR REGISTRATION FEE:	\$395
GROUPS OF 3 OR MORE FROM THE SAME FACILITY (MUST REGISTER TOGETHER):	\$325
SATURDAY ONLY	\$195
STUDENT REGISTRATION FEE: ( <i>LETTER FROM SCHOOL REQUIRED</i> )	\$125
5 STAR COMPANY EMPLOYEE DISCOUNT:	\$295

AMOUNT ENCLOSED: \_\_\_\_\_ CHECK  CREDIT CARD   
 CREDIT CARD # \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_  
 NAME ON CREDIT CARD: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

#### PROGRAM SELECTIONS

##### SATURDAY, NOVEMBER 12, 2011

CONCURRENT MORNING SESSIONS - A	CONCURRENT MORNING SESSIONS - B	CONCURRENT AFTERNOON SESSIONS - C
Choose One: <input type="checkbox"/> A1 <input type="checkbox"/> A2	Choose One: <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3	Choose One: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4
CONCURRENT AFTERNOON SESSIONS - D		
Choose One: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5		

##### SUNDAY, NOVEMBER 13, 2011

CONCURRENT MORNING SESSION - E	CLINICAL PRACTICE SYMPOSIA - F
Choose One: <input type="checkbox"/> E1 <input type="checkbox"/> E2	Choose One: <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> F5

