

Braintree Rehabilitation Hospital
 30th Annual Neurorehabilitation Conference on Traumatic Brain Injury and Stroke
 October 24-25, 2009
 Hyatt Regency Hotel

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 10/15/09.

NAME: _____ PROFESSIONAL DISCIPLINE: _____
 COMPANY: _____
 ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE: _____ FAX: _____ EMAIL: _____

DO YOU REQUIRE SPECIAL ACCOMMODATIONS? _____ IF YES, PLEASE CALL 781-348-2113 TO MAKE ARRANGEMENTS

F E E S	
EARLY REGISTRATION (<i>PRIOR TO 10/1/09</i>)	\$345
REGULAR REGISTRATION FEE:	\$395
GROUPS OF 3 OR MORE FROM THE SAME FACILITY (MUST REGISTER TOGETHER):	\$325
STUDENT REGISTRATION FEE: (<i>LETTER FROM SCHOOL REQUIRED</i>)	\$125
5 STAR COMPANY EMPLOYEES DISCOUNT:	\$295

AMOUNT ENCLOSED: _____
 CHECK CREDIT CARD
 CREDIT CARD # _____ EXP DATE: _____

SIGNATURE: _____

PROGRAM SELECTIONS
SATURDAY, OCTOBER 24

CONCURRENT MORNING SESSION A	CONCURRENT AFTERNOON SESSION B	CLINICAL PRACTICE WORKSHOPS C
Choose One: <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3	Choose One: <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5	Choose One: <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C5 <input type="checkbox"/> C6

SUNDAY, OCTOBER 25

CONCURRENT MORNING SESSION D	CLINICAL PRACTICE SYMPOSIA E
Choose One: <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4	Choose One: <input type="checkbox"/> E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> E4 <input type="checkbox"/> E5