



Brain Injury Association of Missouri 15th Annual Statewide Conference

CONFERENCE REGISTRATION

Name: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Fax: _____ E-mail: _____

Additional 2. _____ 3. _____

Names: 4. _____ 5. _____

Professional Conference: Thursday, October 3 - Friday, October 4, 2019

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 5, 2019

Survivor, Family & Friends	_____ FREE x _____	<u># of Attendees</u> _____
Awards Luncheon and Annual Meeting (Lunch Guest Only)	_____ FREE x _____	_____

(Reservations required by September 20, 2019)

Meal Requests and Restrictions

Vegetarian meal requests and dietary restrictions are required by September 20, 2019. No exceptions will be made at the Conference.

I request vegetarian meals. *Name of guest(s):* _____

I have dietary restrictions. *Specify:* _____

BIA-MO Membership Gift _____ = \$ _____

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

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

Payment Options

Enclosed is a check/money order payable to BIA-MO 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 20, 2019 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