



Brain Injury Association of Missouri

17TH ANNUAL STATEWIDE CONFERENCE

October 7 - 9, 2021
MARRIOTT ST. LOUIS WEST
Chesterfield, Missouri

CONFERENCE REGISTRATION

Name _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Fax: _____ E-mail: _____

Additional Names 2. _____ 3. _____

Professional Conference, Thursday, October 7 - Friday, October 8, 2021

In-Person Archives On-Demand Combination (add \$30 per registration)

Non-Member BIA-MO Conference Fee: _____ \$220 x _____ = \$ _____

BIA-MO Member Conference Fee: _____ \$170 x _____ = \$ _____

Family Member: _____ \$90 x _____ = \$ _____

Survivor: _____ \$65 x _____ = \$ _____

Student: _____ \$65 x _____ = \$ _____

Combination Option Fee _____ \$30 x _____ = \$ _____

Survivor and Family Seminar, Saturday, October 9, 2021

Survivor, Family & Friends _____ FREE x _____ Awards Luncheon and Annual Meeting (Lunch
Guest Only) _____ FREE x _____ (Reservations required by Friday, September
24, 2021)

Meal Requests and Restrictions Vegetarian meal requests and dietary restrictions are required by **September 24, 2021**. 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 _____ = \$ _____

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

Payment Options

Enclosed is check/money order payable to BIA-MO for \$ _____

Please invoice me

Please charge my Visa/MC/Disc/American Express

Name on Card: _____ Card #: _____

Exp. Date: _____ CVV Code (on back): _____

Cardholder billing address (if different than above)

Address/Zip: _____

Complete and mail or fax by Friday, September 24, 2021 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