



# 18<sup>TH</sup> ANNUAL STATEWIDE CONFERENCE

## CONTINUING EDUCATION UNITS (pending approval)

**Case Managers** - CCM CEUs provided by NeuroRestorative.

**CBIS** - It is the responsibility of the Conference attendee to maintain record of attendance.

**Clinical Social Work & Counselors** - The University of Missouri – St. Louis, Missouri Institute of Mental Health will be responsible for this program and maintain a record of your continuing education credits earned. The Missouri Institute of Mental Health will award up to 12 clock hours or 14.4 contact hours (1.44 CEUs) for this live activity.

**Nursing** - CMSA-KC is an approved provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN or LPN re-licensure. Kansas State Board of Nursing Provider Number LT0206-0606.

**Occupational Therapy** - It is the responsibility of the Conference Attendee to submit the Certificate of Attendance and official Conference Program provided at the BIA-MO Conference to the accrediting agency to receive CEU credits for this educational event.

**Psychology** - The University of Missouri – St. Louis, Missouri Institute of Mental Health will be responsible for this program and maintain a record of your continuing education credits earned. The Missouri Institute of Mental Health will award up to 12 clock hours or 14.4 contact hours (1.44 CEUs) for this activity.

**Physical Therapy** - It is the responsibility of the Conference Attendee to submit the Certificate of Attendance and official Conference Program provided at the BIA-MO Conference to the accrediting agency to receive CEU credits for this educational event.

**Rehabilitation Service Providers/Vocational Counselors** - The University of Missouri – St. Louis, Missouri Institute of Mental Health will be responsible for this program and maintain a record of your continuing education credits earned. CRCC has approved this conference for up to 12 clock hours. CRCC Pre-approval number: 60007962791.

### COVID PRECAUTIONS

The Brain Injury Association of Missouri (BIA-MO) Annual Statewide Conference is planned to be an in-person educational program. COVID health-safety precautions, that are in compliance with CDC guidelines and BIA-MO policies, will be implemented.

Registration options of In-Person, Archives On-Demand or a Combination are available to accommodate participation preferences.

### REHABILITATION TRACK SPONSOR



Follow us on Facebook and Twitter for events, information and more!

Brain Injury Association of Missouri

[www.facebook.com/BIA.Missouri](http://www.facebook.com/BIA.Missouri)

[www.twitter.com/BIA\\_Missouri](http://www.twitter.com/BIA_Missouri)

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## CONFERENCE REGISTRATION

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Additional Names 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Professional Conference, Thursday, October 20 - Friday, October 21, 2022**

\_\_\_ 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 Fee:** \_\_\_\_\_ \$90 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Survivor Fee:** \_\_\_\_\_ \$65 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Student Fee:** \_\_\_\_\_ \$65 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Combination Option Fee** \_\_\_\_\_ \$30 x \_\_\_\_\_ = \$ \_\_\_\_\_

**Survivor and Family Seminar, Saturday, October 22, 2022**

Survivor, Family & Friends \_\_\_\_\_ FREE x \_\_\_\_\_ = \$ \_\_\_\_\_

Awards Luncheon and Annual Meeting (Lunch Guest Only) \_\_\_\_\_ FREE x \_\_\_\_\_ = \$ \_\_\_\_\_

(Reservations required by Friday, October 14, 2022)

**Meal Requests and Restrictions** Vegetarian meal requests and dietary restrictions are required by **October 14, 2022**. 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, October 14, 2022 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](http://www.biamo.org)**

**Register Online  
Now**

