

Registration Form - March 1, 2, 3 Medical/Legal Conference

16th Annual Pacific Northwest Brain Injury Conference 2018 35th Annual BIAOR Conference

Living with Brain Injury, Stroke and Other Neurological Changes:



Register Now online at www.biaoregon.org

(Note: A separate registration form is needed for each person attending. Please make extra copies of the form as needed for other attendees. Members of BIAWA, BIAOR, BIAID, ABIN, VA, OTLA, OCA and OVRS receive member rates)

First Name		Last Name	
Badge Name		Affiliation/Company	
Address	City	State	Zip
Phone	Fax	Email	

Please check all that apply. Please call me. Call me about sponsorship/exhibitor opportunities.

	Member	Non-Member	Amount
<input type="checkbox"/> Pre-Conference Workshop—Thursday - includes lunch	\$200	\$275	\$
Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
<input type="checkbox"/> VIP Special—3 Days of Conference	\$575	\$675	\$
<input type="checkbox"/> Professional (CEUs) 2 Day Friday & Saturday	\$450	\$550	\$
<input type="checkbox"/> Professional (CEUs) 1 Day Only: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$300	\$400	\$
<input type="checkbox"/> Students \$50 per day <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$75 per day		\$
<input type="checkbox"/> Saturday Survivor/Family (no CEUs)	\$150	\$175	\$
<input type="checkbox"/> Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number)	\$25	\$35	\$
<input type="checkbox"/> Membership Professional \$100 Family \$50 Basic \$35 Survivor \$5			\$
<input type="checkbox"/> Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)			\$

Credit Card Number _____ - _____ - _____ - _____ Exp Date ____/____/____ Sec code _____

Signature _____ Pre-conference, Registration & Membership Total \$ _____

CC Address if different than above _____ Zip Code _____

(Please add totals from Registration Fee, Membership and Scholarship Contribution for final total costs)

Make Checks out to BIAOR—Mail to: BIAOR, PO Box 549, Molalla OR 97038

or fax: 503.961.8730 Phone: 800-544-5243

www.biaoregon.org/annualconference.htm biaor@biaoregon.org

Online Registration: <http://www.biaoregon.org/store-conference.htm>

**No refunds will be issued for cancellations;
However, registrations are transferrable**

Agenda

Thursday

8 am - 5 pm Pre-Conference Workshop

Friday & Saturday

7 am - 7:45 am: Breakfast

7:45 am - Noon: Keynote and Break-Outs

Noon - 1 pm: Working Lunch and Networking

1 pm - 5 pm: Keynote and Break-Outs

* Friday and Saturday-Breakfast, Breaks, Lunch provided

** Thursday—lunch provided

Hotel: Sheraton Portland Airport Hotel

8235 NE Airport Way, Portland, OR 97220 503.281.2500

Discount Room Rate Code: BIA2018

Rooms are limited

**CEUs applied for: CLE, DC, DO, APD-AFH, MH, DD,
CRCC, CDMC, OT, SLP**

Total Up to CEU Hours 23.5

Please contact us if you would like one that is not listed.