



**BRAIN INJURY CONFERENCE FOR PROFESSIONALS**

**November 2, 2017**

**Country Springs Hotel – Waukesha, WI**

Please **PRINT** clearly and complete the entire form. Registration material can also be found at [www.biaw.org](http://www.biaw.org).  
Registration DEADLINE is: **October 26, 2017**. No refunds will be given after October 15, 2017. Please send your completed form to:

Registration • BIAW • 6409 Odana Road • Suite 1H • Madison, WI 53719

Or e-mail it to [kcurtis@biaw.org](mailto:kcurtis@biaw.org)

Name \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

Address Circle one: Work / Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

\*Email \_\_\_\_\_

(\*PLEASE PROVIDE EMAIL FOR CONFIRMATION & FUTURE COMMUNICATIONS)

- \$100 Paid Member\*     \$125 Non-Member  
 \$50 Student             \$50 Survivor/Family Member

\*Member fee applies only to **CURRENT** Alliance Members.

\$15 Late Payment Fee After Oct. 26, 2017

I would like to make an additional, tax deductible donation to the Brain Injury Alliance of Wisconsin of \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

\*Checks payable to the **BRAIN INJURY ALLIANCE OF WISCONSIN**

(If you need to pay by credit card, please call BIAW at (262)790-9660 for assistance.)

Please describe any accessibility needs: \_\_\_\_\_