



29th ANNUAL WISCONSIN CONFERENCE ON BRAIN INJURY
April 24-25, 2017
Wilderness Resort – Wisconsin Dells

Please **PRINT** clearly and complete the entire form. Registration material can also be found at www.biaw.org.
Registration DEADLINE is: **April 17, 2017**. No refunds will be given after April 1, 2017. Please send your completed form to:

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

Name _____

Title _____ Employer _____

Address Circle one: Work / Home _____

City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

*Email _____

(*PLEASE PROVIDE EMAIL FOR CONFIRMATION & FUTURE COMMUNICATIONS)

Check One: Individual with Brain Injury Family Member / Other

Spouse Parent Sibling Professional Other _____

Not a Member yet? Join today at the discounted rate of \$30 for a **NEW Individual** membership and pay for the conference at the member rate.

- \$200 Paid Member* \$235 Non-Member
 \$75 Survivor Member* \$100 Survivor / Non-Member

*Member fee applies only to **CURRENT** Alliance Members or those joining as NEW members only.

- Become a NEW Individual Member for \$30 more
 \$15 Late Payment Fee After April 17, 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: _____