

CONFERENCE REGISTRATION

YES, PLEASE REGISTER ME FOR THE SIXTH ANNUAL CONFERENCE ON BRAIN INJURY

OCTOBER 2-4, 2008

NEW ORLEANS CONVENTION CENTER MARRIOTT HOTEL

NEW ORLEANS, LOUISIANA

Name _____ Title _____

Name for badge _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Conference Fees

\$390.00 - NABIS Member Rate

\$480.00 - Non-NABIS Member Rate

\$45.00 - Optional Pre-Conference Workshop Fee

Registration Grand Total \$ _____ **CALL (703) 960-6500 FOR GROUP DISCOUNTS**

Check, purchase order, or charge card information must accompany this form. Make checks payable to NABIS.

(Note: Purchase orders must be paid prior to conference.)

Payment method

Check MasterCard Visa Amex Purchase Order

Card Number _____ Exp. Date _____

Card Holder (Please Print) _____

COMPLETE AND RETURN WITH FULL PAYMENT TODAY TO:

NABIS Conference

PO Box 1804

Alexandria, VA 22313

Phone: (703) 960-6500

Fax: (703) 960-6603

E-mail: conference@nabis.org

Please duplicate this form for group registrations.

CANCELLATION POLICY

If you need to cancel for any reason, you will receive a full refund (less a \$50.00 processing fee) only if you notify NABIS in writing at least 15 business days prior to the conference. There are no refunds for no-shows.

FOR NABIS USE ONLY

Date Received: _____ Bal Due: _____
Amount Rec: _____ Ack Dat: _____
Payment Method: _____