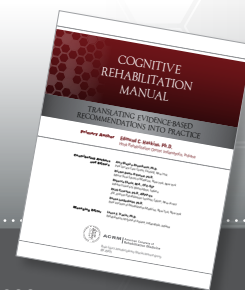


COGNITIVE REHABILITATION MANUAL & TRAINING



REGISTRATION FORM

May 20 - 21, 2012

Loews Vanderbilt Hotel • Nashville Tennessee

CONTACT INFORMATION

DR. MR. MRS. MS. MISS

> _____
FIRST NAME | LAST NAME | CREDENTIALS

> _____
SPECIALIZATIONS | BADGE NAME (AS YOU WANT IT PRINTED)

> _____
FACILITY / ORGANIZATION | TITLE / WORK / FUNCTION | DEPARTMENT

> _____
EMPLOYER STREET ADDRESS LINE 1 | ADDRESS LINE 2

> _____
CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY

> _____
EMAIL ADDRESS Check here to opt out of providing email address to third parties.

> _____
WORK PHONE | MOBILE PHONE

> _____
EMERGENCY CONTACT | EMERGENCY PHONE

SPECIAL NEEDS

ADA / Accessibility Needs: _____ Dietary Needs: _____

PAYMENT

TYPE OF PAYMENT ENCLOSED \$ _____ TOTAL AMOUNT in USD

CHECK/MONEY ORDER
(US Funds Only) Check # _____ Make check payable to: ACRM

CREDIT CARD
 MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: _____

Print name as it appears on card: _____

Cardholder's Signature: _____

FEE INCLUDES ONE COPY OF THE PRINTED MANUAL (\$150 VALUE)

TRAINING FEES

	REGISTERED BEFORE 30 APRIL	REGISTERED AFTER 30 APRIL
<input type="checkbox"/> ACRM Member	\$345	\$445
<input type="checkbox"/> Non-member	\$395	\$495

BONUS! Non-member registrants receive a 2-year BI-ISIG membership

SPECIAL PRICING

You may be eligible for special pricing if you are an Emeritus Member, unemployed, a consumer with a disability, interested in a group rate of five or more, or traveling from a Lesser Developed Country (LDC). Please email Meetings@acrm.org.

CANCELLATION POLICY

- > Registration cancellation and/or changes must be submitted to MemberServices@acrm.org by 4 May 2012.
- > No cancellations will be accepted by phone.
- > Substitutions must be received and approved by 4 May 2012.
- > All cancellations and substitutions will be charged a fee of \$170 USD or 50 percent of registration paid, whichever is greater.
- > For substitutions, the individual attending will be charged \$170 USD.

PLEASE CHECK I have read the Cancellation Policy.

PLEASE NOTE

You must be an active ACRM Member (not Special Interest or Networking Groups only) at time of registration to receive the Member Rate.

If a credit card is declined, you will be notified and asked for an alternative payment method. A \$20 USD charge will be applied for returned checks and/or rebilling of a credit card.

For questions related to the status of registrations, please email MemberServices@acrm.org, phone +1.703.574.5845 or fax +1.866.692.1619.

SUBMIT BUTTON PROMPTS YOU TO SAVE THIS PDF TO YOUR DESKTOP, THEN ATTACHES THIS TO A PREAMDRESSED EMAIL FOR YOU TO SEND >

SUBMIT OPTIONS: FAX this form and payment to: +1.866.692.1619 or MAIL to: ACRM PO Box 759272, Baltimore, MD 21275-9272

SUBMIT