

The Pacific Coast Brain Injury Conference 2007 Registration Form

Register online at <http://www.pcbic.org>

Attendee Information: Please print clearly and complete a single form for each individual.

Are you a survivor or family member requesting a subsidy?

Yes No

Deadline for subsidy application is December 1, 2006.

If yes, please go to page 20
for further instructions.

Contact Janelle at 250-592-4460 or www.pcbic.org for more information.

Is this your first time attending The Pacific Coast Brain Injury Conference?

Yes No

First Name: Last Name:

Company/Affiliation:

Address:

City: Prov/State: Postal/Zip Code: Country:

Area Code: Phone: Ext: Fax:

Email:

Dietary Restriction (if any):

Do you require assistance for your meals? *(We will arrange a volunteer to assist you.)*

Yes No

Three ways to register:

1. Mail form with payment to:
The Pacific Coast Brain Injury Conference c/o Darcel Moro, Conference Organizer
10 Flavelle Drive, Port Moody, BC V3H 4L4
2. Fax your form with credit card payment to 604-949-0719
3. Register online at <http://www.pcbic.org>.

Registration Categories & Rates *(Lunch & Social tickets are included with Conference registration.)*

A. Full Conference February 16 & 17, 2007

Registration Received or Postmarked	Web or Early (by February 1, 2007)	Late (after February 1, 2007)		Amount
Full Conference\$450.00\$550.00\$	<input style="width: 50px;" type="text"/>
Pre-Conference Day & Full Conference\$595.00\$695.00\$	<input style="width: 50px;" type="text"/>
Student\$350.00\$350.00\$	<input style="width: 50px;" type="text"/>
Presenter Discount.....Deduct \$150.00	\$	<input style="width: 50px;" type="text"/>
Subtotal A \$				<input style="width: 50px;" type="text"/>

B. Partial Conference

One-Day Conference	Friday, February 16 <input type="radio"/>			
	Saturday, February 17 <input type="radio"/>\$275.00\$	<input style="width: 50px;" type="text"/>
February 15 - Pre-Conference - Prevention Workshop.....		\$195.00\$	<input style="width: 50px;" type="text"/>
February 15 - Pre-Conference - Human Relations Workshop.....		\$195.00\$	<input style="width: 50px;" type="text"/>
Additional Lunch or Social Reception Tickets	Friday Lunch ____ (no. of tickets)			
	Saturday Lunch ____ (no. of tickets)			
	Friday Social ____ (no. of tickets)			
	____ Total Tickets X \$35.00 per ticket	\$	<input style="width: 50px;" type="text"/>
Additional Friday Social Reception	____ Total Tickets X \$45.00 per ticket	\$	<input style="width: 50px;" type="text"/>
Subtotal B \$				<input style="width: 50px;" type="text"/>

C. Amount Owning

GST # 89251 1619 RT0001

Subtotals A + B \$
Plus 6% GST \$
Total Enclosed \$

D. Payment Method

MasterCard Visa Money Order Cheque

Card Number: Cardholder's Signature:

Expiry Date: Print Cardholder Name:

Please see next page to complete registration form.

- ▶ Early registration fees must be received or postmarked by February 1, 2007.
- ▶ Registration fees must accompany this form or registration cannot be processed. Please make cheque or money order payable to The Pacific Coast Brain Injury Conference.

Registration fees includes continental breakfast, light lunch, refreshments and admittance to social functions, exhibit area and conference events and conference sessions for the day(s) you have paid to attend. Limited parking is available at the hotel. Parking charges are not included in the registration fee(s).

Session Choices

Please refer to Conference Program and indicate your choice of concurrent sessions with a X in each row. This is for planning purposes only. You are not obligated to attend the sessions you have indicated on this form.

Thursday, February 15

- Workshop 1 Prevention
- Workshop 2 Human Relations 2A - Building Tools & Strategies 2B - Family & Caregivers 2C - Persons with Acquired Brain Injuries

Friday, February 16

- 8:30a Opening Remarks & Opening Plenary: Peter Eames ~ Al Condeluci
- 10:30a MR-1 di Pompei A-2 A-3 A-4 A-5
- 11:30a MR-2 Keynote
- 1:30p MR-3 Concurrent B-2 B-3 B-4 B-5
- 3p MR-4 C-1 C-2 C-3 C-4 C-5
- 3:40p MR-5
- 4:15p MR-6 D-1 D-2 D-3 D-4 D-5

Saturday, February 17

- 8:30a Saturday Morning Plenary: Dave Irwin
- 10:30a MR-7 E-1 E-2 E-3 E-4 E-5 E-6
- 11:30a MR-8
- 12:30p Saturday Lunch Plenary: Bonnie Sherr-Klein
- 1:30p MR-9 F-1 F-2 F-3 F-4 F-5 F-6
- 2p MR-10
- 2:45p Closing Plenary: Kindness Crew

The Conference Organizers reserve the right to make adjustments to the program without further notification.

Additional Information

This information assists us with the planning of future conferences. Please check all that apply.

You are a:

- Survivor Family Member Caregiver Fee Payer
- Educator Service Provider Rehab Professional Medical Professional
- Government Representative Lawyer Insurer Other _____

How did you hear about the conference?

- Conference Mailing Website Headline Other Publication Other _____

Thank you for taking the time to answer our questions!

Registration Policies

Full, One-day or Pre-Conference Day registration fee(s) include official programmed events, conference materials, receptions and meal functions as outlined in the program for the day(s) you are registered to attend. Pre-Conference Day is not included with Full or One-day Conference registration. By registering for 2007 Pacific Coast Brain Injury Conference you agree the personal information collected with registration data may be shared with the hotel or hotel affiliates and conference vendors for the sole purpose of planning and implementing the 2007 Pacific Coast Brain Injury Conference.

Cancellation/Substitution Policy

All refund or substitutions requests must be made in writing. Cancellations received or post-marked by January 15, 2007 will receive a 50% refund to be mailed after the conference dates. No refunds are given after this date; however, delegate substitutions are permitted.

For Registration and General Information Inquiries Contact:

Pacific Coast Brain Injury Conference c/o Darcel Moro, Conference Organizer

10 Flavelle Drive, Port Moody, BC Canada V3H 4L4

Phone: 604-949-0716

Fax: 604-949-0719

Email: info@pcbic.org

Web: http://www.pcbic.org

For Internal Use Only:

Date Rec'd:	Amount Rec'd:	Cheque No & Amount:	Receipt Sent:	Registration #: