

The Pacific Coast Brain Injury Conference 2007 Subsidy Application Form

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

Are you a survivor or family member requesting a subsidy? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>Deadline for subsidy application is December 1, 2006.</i> 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 <input type="checkbox"/> No <input type="checkbox"/>				
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.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received a subsidy to attend the conference previously?:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, what year(s)	
Please share your experience(s) in the brain injury community.				
Why do you wish to attend the conference?				
Registration Categories <i>Please check which event you wish to attend.</i>				
<input type="checkbox"/> Human Relations Workshop February 15, 2007 2B – Family & Caregivers		<input type="checkbox"/> Full Conference February 16 & 17, 2007		
<input type="checkbox"/> Human Relations Workshop February 15, 2007 2C – Persons with Acquired Brain Injuries		<input type="checkbox"/> One-Day Conference February 16, 2007		
		<input type="checkbox"/> One-Day Conference February 17, 2007		
How much can you contribute to the registration fees?				
Amount to be paid by Attendee				\$
GST # 89251 1619 RT0001				Plus 6% GST
Total				\$
D. Payment Method				
If you have indicated you can contribute to your registration fee, payment must accompany this form or registration cannot be processed. Please make cheque or money order payable to The Pacific Coast Brain Injury Conference.				
<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa		<input type="checkbox"/> Money Order
				<input type="checkbox"/> Cheque
Card Number:			Expiry Date:	
Cardholder's Signature:			Print Cardholder Name:	

Please see over to complete registration form.

- Subsidies include 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 subsidy.
Hotel costs are not included with this subsidy application. **The Hyatt Regency Vancouver is offering a discounted room rate for survivors or their family members. Go to http://www.pcbic.org/sponsorship_subsidy.html for further information on the Pacific Coast Brain Injury Conference Survivor Room Rate.**

Session Choices

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

<i>Thursday, February 15</i>							
Workshop 2	Human Relations	<input type="checkbox"/> 2B – Family & Caregivers	<input type="checkbox"/> 2C – Persons with Acquired Brain Injuries				
<i>Friday, February 16</i>							
8:30a	Opening Plenary <input type="checkbox"/>		Peter Eames ~ Al Condeluci				
10:30a	MR-1 <input type="checkbox"/>	di Pompei A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	
11:30a	MR-2 <input type="checkbox"/>						
1:30p	MR-3 <input type="checkbox"/>		B-2 <input type="checkbox"/>	B-3 <input type="checkbox"/>	B-4 <input type="checkbox"/>	B-5 <input type="checkbox"/>	
3p	MR-4 <input type="checkbox"/>	C-1 <input type="checkbox"/>	C-2 <input type="checkbox"/>	C-3 <input type="checkbox"/>	C-4 <input type="checkbox"/>	C-5 <input type="checkbox"/>	
3:40p	MR-5 <input type="checkbox"/>						
4:15p	MR-6 <input type="checkbox"/>	D-1 <input type="checkbox"/>	D-2 <input type="checkbox"/>	D-3 <input type="checkbox"/>	D-4 <input type="checkbox"/>	D-5 <input type="checkbox"/>	
<i>Saturday, February 17</i>							
8:30a	Saturday Morning Plenary <input type="checkbox"/>		Dave Irwin				
10:30a	MR-7 <input type="checkbox"/>	E-1 <input type="checkbox"/>	E-2 <input type="checkbox"/>	E-3 <input type="checkbox"/>	E-4 <input type="checkbox"/>	E-5 <input type="checkbox"/>	E-6 <input type="checkbox"/>
11:30a	MR-8 <input type="checkbox"/>						
12:30p	Saturday Lunch Plenary <input type="checkbox"/>		Bonnie Sherr-Klein				
1:30p	MR-9 <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>	F-3 <input type="checkbox"/>	F-4 <input type="checkbox"/>	F-5 <input type="checkbox"/>	F-6 <input type="checkbox"/>
2p	MR-10 <input type="checkbox"/>						
2:45p	Closing Plenary <input type="checkbox"/>		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 14, 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 Inquires 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:	Subsidy Amount:	Cheque No & Amount:	Registration #:
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