



SELECT: ATLANTA: 6 – 7 FEB LINCOLN: 27 – 28 FEB CHICAGO: 13 – 14 APRIL LOUISVILLE: 4 – 5 JUNE CHICAGO*: 31 OCT – 1 NOV
*Different pricing may apply. For pricing grid see: ACRM.org/COGpricing

CONTACT INFORMATION

DR. MR. MRS. MS. MISS

> _____
FIRST NAME | LAST NAME | CREDENTIALS

> _____
SPECIALIZATIONS

> _____
FACILITY / ORGANIZATION | TITLE / WORK FUNCTION

> _____
MAILING ADDRESS LINE 1 | MAILING ADDRESS LINE 2

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

> _____
EMAIL ADDRESS | MOBILE PHONE

> _____
WORK PHONE

> _____
EMERGENCY CONTACT

> _____
EMERGENCY PHONE

SPECIAL NEEDS

ADA / Accessibility Needs: _____
Dietary Needs: _____

PAYMENT

\$ _____ **TOTAL AMOUNT** in USD

Check/Money Order (US Funds Only) Check # _____ payable to: ACRM

Credit Card (fill out information below) MasterCard Visa
 American Express Discover

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Print name as it appears on card: _____

Cardholder's Signature: _____

Email: _____
(for payment confirmation)

BILLING ADDRESS

Must match credit card address.
 Check if same as mailing address above.

Address 1 _____

Address 2 _____

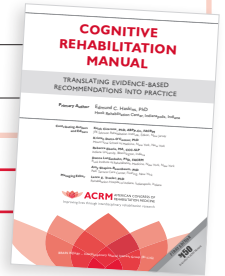
City _____

State / Province _____

Zip / Postal Code _____

Country _____

COST includes a printed copy of the Manual (\$150 VALUE!) Received at the event



CANCELLATION POLICY

- > Registration cancellation and/or changes must be submitted to sbarrah@ACRM.org before 30 days in advance of event.
- > No cancellations will be accepted by phone.
- > Substitutions must be received and approved before 30 days in advance of event, and the individual attending will be charged \$170 USD.
- > All cancellations and substitutions will be charged a fee of \$170 USD or 50 percent of registration paid, whichever is greater.

PLEASE CHECK

I have read the Cancellation Policy

PLEASE NOTE

To receive the Member Rate, one must be an active ACRM Member (not a Special Interest or Networking Group member only) at time of registration. If a credit card is declined, you will be notified and asked for an alternative payment method.

QUESTIONS about REGISTRATION STATUS?

Contact: MemberServices@ACRM.org or call +1.703.574.5845

INCLUDES: Two days of evidence-based training; one printed copy of the ACRM Cognitive Rehabilitation Manual (\$150 value); CME/CEU credits; and six months of online access to a previously recorded Cognitive Rehabilitation Training.

		EARLY BIRD RATE	ON-SITE RATE
		REGISTER EARLY & SAVE	
STUDENT / RESIDENT / FELLOW & EARLY CAREER	MEMBER	295	695
	NON-MEMBER	395	795
EVERYONE ELSE	MEMBER	395	795
	NON-MEMBER	495	895

STUDENT / RESIDENT / FELLOW: Enrolled in an accredited school of medicine, an approved graduate or undergraduate program, or fellowship in a medical rehabilitation discipline are eligible for this discounted rate. Current ID required at registration check-in.

EARLY CAREER: Professionals during first five years after completion of post-graduate studies.

NON-MEMBER: Includes a bonus 6-month introductory ACRM membership with access to all interdisciplinary special interest groups and networking groups, and discounted member rates on ACRM products and events.

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