



**SELECT:**  KAISER PERMANENTE: 16 – 17 SEPT 2017 KAISER PERMANENTE.

ATLANTA HILTON: 23 – 24 OCTOBER 2017

**CONTACT INFORMATION**

**ARE YOU NEW TO ACRM?**  YES  NO

**IF YES, PLEASE COMPLETE THIS FORM FOR YOUR FREE 6-MONTH ACRM MEMBERSHIP:**  
ACRM.ORG/FORM

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: \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**CANCELLATION POLICY**

- > Registration cancellation and/or changes must be submitted to memberservices@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 \$199 USD.
- > All cancellations and substitutions will be charged a fee of \$199 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.

		ADVANCE	ON-SITE
<b>REGISTER EARLY &amp; SAVE</b>			
STUDENT / RESIDENT / FELLOW / EARLY CAREER	<b>MEMBER</b>	349	699
	<b>NON-MEMBER</b>	449	799
EVERYONE ELSE	<b>MEMBER</b>	399	799
	<b>NON-MEMBER</b>	499	899

**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 THIS FORM:** **EMAIL** to: MemberServices@ACRM.org OR **FAX** to: +1.866.692.1619 OR **MAIL** to: ACRM c/o YPTC  
1500 Walnut Street, Suite 1200, Philadelphia, PA 19102 **IMPORTANT CHECKS ONLY MAIL TO:** ACRM PO Box 759272, Baltimore, MD 21275-9272