

SELECT: DALLAS HILTON: 11 - 12 APR 2018 WASHINGTON DC HILTON: 14 - 15 JUNE 2018 DALLAS HILTON: 28 - 29 SEPT 2018



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

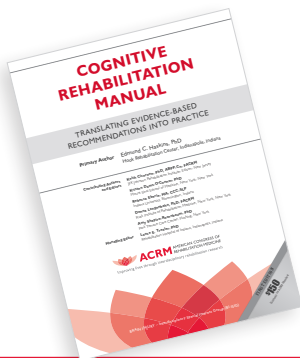
ADA / Accessibility Needs: _____

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)



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

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 _____

INCLUDES: Two days of live training, one printed copy of the ACRM Cognitive Rehabilitation Manual (\$150 value), CME/CEU credits, six months of access to previously recorded Cognitive Rehabilitation Training (accessible from a web browser)

EARLY BIRD	REGULAR	ON-SITE
For rate expiration dates see: ACRM.org/cogpricing		

STUDENT/RESIDENT/FELLOW/CONSUMER (NON-PROFESSIONAL CAREGIVER)	MEMBER 	399	449	649
	NON-MEMBER	499	549	749
Please Note: Pricing subject to change. No refunds in the event of change.	EARLY CAREER MEMBER 	449	499	699
	EARLY CAREER NON-MEMBER	549	599	799
	PROFESSIONAL MEMBER 	499	599	799
	PROFESSIONAL NON-MEMBER	599	699	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.

WHAT SETTING DO YOU WORK IN?

- Inpatient rehab
- Outpatient rehab
- Residential rehab

SELECT YOUR SPECIALIZATION(S):

- Occupational Therapy
- Speech & Language Pathology
- Neuropsychology
- Psychology
- Physical Therapy
- Psychiatry
- Other: _____

YOUR JOB TITLE:

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

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