



SELECT: ATLANTA HILTON: 26 – 27 APRIL ATLANTA HILTON: 23 – 24 OCTOBER



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
REGISTER EARLY & SAVE			
STUDENT / RESIDENT / FELLOW / EARLY CAREER	MEMBER	349	699
	NON-MEMBER	449	799
EVERYONE ELSE	MEMBER	399	799
	NON-MEMBER	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