

**TO REGISTER:** complete this form and submit via email, fax or mail (see last page). Or call ACRM to register: 703.435.5335

Date \_\_\_\_\_

**PLEASE ENTER INFO BELOW AS YOU WANT IT TO  
APPEAR ON YOUR CONFERENCE NAME BADGE**

Dr.  Mr.  Mrs.  Ms.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**NOTE:** Space allows for only two credentials on your name badge. Please enter up to two credentials below.

Credential Primary \_\_\_\_\_ Credential Secondary \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address line 1 \_\_\_\_\_

Mailing Address line 2 \_\_\_\_\_

City \_\_\_\_\_

State / Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Registrant Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**ATTENDEE TYPE** (select one)

**Consumer/Patient/Caregiver**

Those with disabilities, family and caregivers who use rehabilitation services and/or research.

**Student/Resident/Fellow**

Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a medical rehabilitation discipline. Current ID required at registration check-in.

**Early Career/Trainee**

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

**Professional**

Professionals in medical rehabilitation or a related field who are actively engaged in the practice, administration, education or research of medical rehabilitation.

Check here to opt out of receiving a small number of informative emails prior to the conference from ACRM/Federal Interagency Conference on TBI on behalf of conference sponsors and exhibitors.

**REGISTRATION RATES**

	REGULAR	ON-SITE
	THROUGH JUNE 10	JUNE 11 - 13
<b>Consumer/patient/caregiver</b>	<input type="checkbox"/> \$399	<input type="checkbox"/> \$549
<b>Student*/resident/fellow</b>	<input type="checkbox"/> \$599	<input type="checkbox"/> \$749
<b>Early Career/trainee</b>	<input type="checkbox"/> \$699	<input type="checkbox"/> \$849
<b>Professional</b>	<input type="checkbox"/> \$849	<input type="checkbox"/> \$999
<b>One Day</b> (select one: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed)	<input type="checkbox"/> \$499	<input type="checkbox"/> \$649
<b>CME/CEU Processing</b>	<input type="checkbox"/> \$ 99	<input type="checkbox"/> \$149
<b>Conference Slides</b>	<input type="checkbox"/> \$ 149	<input type="checkbox"/> \$199

CME/CEUs are sold separately in order to keep the registration rates as low as possible for those who do not need them.  
\*Student identification is required at check-in.

Special needs: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

If a colleague referred you to this event, please include their name so we may thank them: \_\_\_\_\_

What made you want to attend? \_\_\_\_\_

## RATE INFO

**SPECIAL CIRCUMSTANCES:** We aim to keep the conference registration rates as low as possible so that attending is likely for the greatest number of people – to do the greatest good... getting the QUALITY research that matters to the people who NEED it the most — all in order to IMPROVE the GREATEST number of lives. If finances are keeping you from attending, ACRM wants to hear from you. Those wishing to attend from lesser developed countries (LDC) and individuals with special financial circumstances, such as unemployment, may email [register@InteragencyConferenceTBI.org](mailto:register@InteragencyConferenceTBI.org) or phone +1.703.435.5335 to learn about special offers that may apply.

**CME/CEU CREDITS:** Recognizing that not all disciplines require continuing education annually, ACRM offers CME/CEU credits sold separately from conference registration in order to keep the point of entry cost as low as possible. Only those attendees who wish to earn CME/CEU credit will incur this fee. Payment of this single processing fee entitles attendees to all continuing education credits for which they qualify. Consistent with the ACRM commitment to provide high-quality evidence-based educational opportunities to all members of the rehabilitation team, ACRM offers CME/CEU credits in your choice of 13 disciplines, including: 1) Case Manager (CCMC), 2) Dietitians (CDR), 3) Disability Management Specialists (CDMS), 4) Health Care Executives (ACHE), 5) Nurses (ANCC), 6) Occupational Therapists (AOTA) 7) Physical Therapists (FSBPT) 8) Physicians and Non MD CME (ACCME), 9) Physician Assistants (ACCME), 10) Psychologists (APA Division 22 Accreditation), 11) Rehabilitative Counselors (CRCC), 12) Social Workers (NASW), 13) Speech-Language Professionals (ASHA).

## TERMS & CONDITIONS

**DISCLOSURE:** The 4th Federal Interagency Conference on Traumatic Brain Injury (FICTBI) is an independent nonprofit event organized by ACRM: AMERICAN CONGRESS OF REHABILITATION MEDICINE, a non-profit organization. Any losses will be absorbed by ACRM. Any profits or surplus will be 100% dedicated towards the 5th Interagency Event.

**CANCELLATION POLICY:** Registrants wishing to cancel their existing registration to receive a refund must submit a written request to [register@InteragencyConferenceTBI.org](mailto:register@InteragencyConferenceTBI.org). A cancellation fee of \$249 USD will be charged on all cancellations received on or before April 30, 2018. The balance of registration paid will be refunded. On or after May 1, 2018, a fee of \$249 USD or 50 percent of registration paid, whichever is greater, will be charged and any balance refunded. If registration amount paid is less than or equal to \$249, no refund will be given. No refunds will be made on or after June 1, 2018.

**SUBSTITUTIONS / TRANSFERS:** The original registrant will be charged a substitution fee of \$249.

**PAYMENT:** If a credit card payment is declined, the registrant will be notified and an alternative method of payment requested. A \$15 USD processing fee will be applied for returned checks and/or rebilling of a credit card. A \$25 fee will be charged for payment accepted by bank wire transfer.

**PHOTO RELEASE POLICY:** Attending the 4th Federal Interagency Conference on TBI (FICTBI) constitutes an agreement by the registrant to permit ACRM to the use and distribute (both now and in the future and with no remuneration to attendee) of the attendee's image or voice as captured in photographs, videotapes, electronic reproductions and audio files of events attended for any lawful purpose including, but not limited to, illustrating and promoting the conference experience.

**CONFERENCE POLICIES:** Recording or photographing conference sessions, panel discussions or sponsor exhibits is strictly prohibited. Program PDFs and/or recordings will be made available to attendees who have separately purchased them. By registering, you agree not to solicit vendors or exhibitors. We make our best judgment to assign rooms to the size that we think will match the estimated audience. Seating is limited by the size of the rooms, and you are not guaranteed a seat in any session. Seating is first come, first served. Signing up for sessions that interest you in the event app helps us to make sure the more popular sessions are held in the largest rooms to accommodate the most attendees.

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**SPECIAL NEEDS:** We make sure our facility has total accessibility and we do whatever is needed to make attending the event as convenient as possible for all attendees. If you have a special need, please email us: [meetings@ACRM.org](mailto:meetings@ACRM.org).

**CONFERENCE ETIQUETTE:** To make the conference experience an enjoyable event for all attendees, we ask that you keep the following in mind: As a courtesy to our speakers and other attendees, refrain from the use of pagers or cell phones during presentations. In consideration of all attendees we ask that you take any conversations that are unrelated to the program outside session rooms. In order to accommodate environmental sensitivities of some attendees, if at all possible, refrain from or use moderate levels of scented products while attending the conference. To maintain and demonstrate professionalism within our industry, conference attire is business casual.

**BADGES:** Registrants are reminded that it is important to wear your badge at all times. This allows you uncomplicated access to conference events.

**SMOKING:** For the comfort and health of all attendees, smoking is not permitted at any FICTBI event. This includes general sessions, workshops, luncheons, receptions, and in the exhibit hall. You may smoke in designated areas located in the conference facilities.

**STATEMENT OF LIABILITY WAIVER — TERMS OF REGISTRATION:** ACRM or any other conference sponsor claims no liability for the acts of any suppliers at or to the meeting, or for the safety of any registrant while in transit to or from this event. ACRM shall not be liable for any delays or failure in performance or interruption of services resulting directly or indirectly from any cause or circumstance beyond the reasonable control of the organization including but not limited to, acts of God, acts of public enemy, war, accidents, fires, electrical failures, strikes, labor disputes, postal delays, explosions, governmental order or regulations.

ACRM reserves the right to cancel the conference or any function without liability. Registrants who purchased non-refundable airline tickets do so at their own risk. The total amount of any liability of ACRM will be limited to a refund of the registration fee.

Recognizing the nature of receptions and the potential for alcohol abuse at conferences, all FICTBI and FICTBI sponsored events will offer non-alcoholic drinks. No alcohol will be served to anyone under the age of 21. Conference participants are responsible for their own well-being and neither ACRM, FICTBI or the sponsors will be held accountable for any events or occurrences resulting from excessive drinking, recklessness or negligence on the part of any conference participant(s).

By attending the conference, the registrant agrees to indemnify and hold harmless FICTBI, ACRM, or other conference sponsors, and their respective officers, directors and agents against all claims arising out of actions or omissions of supplier, attendee, or other individual at or in connection with the conference except for FICTBI's or any sponsor's own gross negligence or willful misconduct.

FICTBI or any conference sponsor reserves the right to substitute an equally qualified speaker in case of an emergency or cancellation.

FICTBI or any conference sponsor has no duty of due diligence with respect to presenters, exhibitors, or sponsors, and makes no endorsements of any presentation or product.

Sessions, events and exhibits can only be attended by registered attendees.

No one under the age of 16 will be allowed into the Exhibit Hall.

**PLEASE CHECK!**

I have read and agree to the Terms & Conditions above and on previous page

CONTINUED NEXT PAGE >>>

IF APPLICABLE

PROMO CODE: \_\_\_\_\_

**PAYMENT**

\$ \_\_\_\_\_ TOTAL AMOUNT in USD

< The sum from your selections on the previous pages.

**PAYMENT TYPE**

**Check/Money Order** (US Funds Only) Check # \_\_\_\_\_  
Make 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: \_\_\_\_\_

Cardholder's e-mail address: \_\_\_\_\_  
*(to send confirmation)*

**Bill Me** (You have up to 30 days to pay after registration date)

If you want the bill to go to someone else, please enter their email address:

**BILLING ADDRESS**  Check if same as mailing address on pg 1

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State / Province \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_

Country \_\_\_\_\_



For questions related to  
the status of registrations, please email  
[register@InteragencyConferenceTBI.org](mailto:register@InteragencyConferenceTBI.org)  
or CALL: +1.703.435.5335

**SUBMIT**

**PHONE:** 703.435.5335

**EMAIL:** [register@InteragencyConferenceTBI.org](mailto:register@InteragencyConferenceTBI.org) OR

**FAX:** +1.866.692.1619 OR

**MAIL: MAIL CHECKS with REGISTRATION FORMS TO:**

ACRM: PO BOX 759272

Baltimore, MD 21275-9272

**MAIL CREDIT CARD INFORMATION on the  
REGISTRATION FORM TO:**

ACRM c/o YPTC, 1500 Walnut St #1200  
Philadelphia, PA 19102

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