

REGISTRATION FORM (or register online at www.ontarioabiconference.ca)

Name: _____

Company: _____

Address: _____

City: _____ Prov/State: _____ Postal Code/Zip _____

Phone: _____ Email: _____

Please indicate the following:

Yes No

- I will be attending the **Welcoming Reception on Wednesday evening.**
- I will be attending the **Conference Dinner on Thursday evening.**
- My attendant will be accompanying me (OBIA will contact you to arrange details).
- I consent to have my name included in the **Delegate Directory.**
- I consent to having pictures of me shared on conference **Social Media** (you will not be tagged).
- I have food **allergies:** _____

Concurrent Sessions

- I will be attending: (Please mark your first choice with a 1 and the alternate choice with a 2)

Session	A1 _____	A2 _____	A3 _____	A4 _____	A5 _____	A6 _____
Session	B1 _____	B2 _____	B3 _____	B4 _____	B5 _____	B6 _____
Session	C1 _____	C2 _____	C3 _____	C4 _____	C5 _____	C6 _____
Session	D1 _____	D2 _____	D3 _____	D4 _____	D5 _____	D6 _____

Attention Survivors and Family Members

Thanks to the generosity of the **Thomson Rogers Diamond Sponsorship** a limited number of delegates will be able to receive a subsidized conference rate of \$50 per person.

Diamond sponsorship does NOT include accommodations or travel expenses.

If you are interested in attending as a sponsored delegate, please check the box below.

- I am a survivor/family member and would like to be **CONSIDERED** for the **Thomson Rogers Diamond Sponsorship**

Recipients will be selected by lottery on September 16, 2019 and notified via email after that date.

Registration Options/Fees:

Registration will be confirmed only upon receipt of payment. Registration includes all keynote sessions, selected concurrent sessions, all meals, breaks and receptions where highlighted on schedule, and one delegation kit.

- Option 1: **\$395** Early Bird rate by Friday, September 20, 2019
- Option 2: **\$425** Final Registration rate after Friday, September 20, 2019
- I wish to bring a guest to dinner (Thursday November 7th) for an additional cost of \$80
- I wish to register for the **Thursday** morning Yoga by the Falls hosted by PIA Law, (Please bring your own mat)

Payment Options

- Cheque/Money Order - Please make cheques and money orders payable to: **Ontario Brain Injury Association**

- VISA Mastercard Amex

Credit Card Number: _____ Expiry Date: _____

Please return your completed form/s with your payment/s to:

Ontario Brain Injury Association, PO Box 2338, St. Catharines, ON L2R 7R9, or Fax: **905.641.0323**

For more information contact OBIA at **1.855.642.8877** or via email at **conference@obia.on.ca**