

3rd World Congress on Brain Injury

THE SEARCH FOR SOLUTIONS

June 12 – 17, 1999

Québec, Canada

(Please type or print)

Dr., Mr., Mrs., Ms. _____
Last Name First Name

Specialty Area: _____

Affiliation/Organization: _____

Mailing Address: _____

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

Telephone: _____ Facsimile: _____ E-Mail: _____
(include country code)

Do you have any disabilities that we need to be aware of? If yes, please explain: _____

Registration Fees:

All payments are to be made by certified cheque, money order or credit card (American Express/Visa/Mastercard) to the International Brain Injury Association. Payment may be made in either Canadian or US Dollars.

	Per Person US Dollars	Per Person CDN Dollars	
Early Registration Fee: By January 31, 1999	\$ 550.00	\$ 750.00	\$ _____
Late Registration Fee: From February 1, 1999	\$ 650.00	\$ 850.00	\$ _____
One Day Registration (per person)	\$ 250.00	\$ 360.00	\$ _____
Family Forum Only (per person), Sunday, June 15	\$ 60.00	\$ 85.00	\$ _____
DISCOUNTS:			
Multiple Registration Discount: per person (3 or more from the same organization)	- \$ 35.00	- \$ 45.00	\$ _____

Sub Total Registration Fees: \$ _____

Optional Events:

	US Dollars	CDN Dollars	# of people:	Total
• Sugar Shack June 14	\$ 65.00	\$ 87.00	_____	\$ _____
• Sugar Shack June 15	\$ 65.00	\$ 87.00	_____	\$ _____
• Gala Reception, Dinner, and Award Ceremony June 16 At the Chateau Frontenac (Dress: Business Attire)	\$ 125.00	\$ 175.00	_____	\$ _____

OPTIONAL EVENT TOTAL: \$ _____

Total Fees (Please indicate US or Canadian Dollars) \$ _____

Card Number _____ Mastercard American Express Visa

Signature: _____ Expiry Date: _____

Complete and return Form to:

The Wynford Group, Inc., 1125 Leslie Street, Don Mills, Ontario, CANADA M3C 2J6 Attn: NICOLE GEORGAS
Phone: 416/443-9696 Fax: 416/443-9702 Email: ibia@wynfordgrp.com