

# 4th World Congress on Brain Injury

MAY 5 - 9, 2001  
TURIN, ITALY

RESEARCH,  
INNOVATIONS AND  
QUALITY OF  
LIFE FOR THE  
NEW MILLENNIUM

- Registration fee includes 20% taxes.
- Registration includes program, exhibits, luncheon, reception/ buffet and concert.
- As of June 2000, the exchange rate is approximately \$1.00 (U.S.) = 2.000 Lire
- Unless special request, payment receipt will be addressed to the participant, and delivered at the conference.

## STILEMA

Via Cavour. 8  
10123 Torino  
Italy  
Tel: +39.011.53 00 66 or  
+39.011.562 42 59  
Fax: +39.011.53 44 09  
E-mail:  
ibia2001.stilema@fileita.it

# Congress Reservation Form

(Please complete a separate Registration Form for each registrant.)

Mr     Ms     Prof     MD     PhD     Other \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

NAME FOR BADGE \_\_\_\_\_

TITLE \_\_\_\_\_

FIRM/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

REGISTERED SPOUSE/GUEST NAME \_\_\_\_\_

- Please check here if you are physically challenged and require special service.  
Please submit a written description of needs with this form.

## Congress Fees (in Lire):

	EARLY (BEFORE FEB. 15)	REGULAR (AFTER FEB. 15)	TOTAL
<input type="checkbox"/> Member of IBIA	900.000	1.150.000	_____
<input type="checkbox"/> Non-Member	1.200.000	1.450.000	_____
<input type="checkbox"/> Family	800.000	1.050.000	_____
<input type="checkbox"/> Student	800.000	1.050.000	_____
<input type="checkbox"/> Spouse/Companion**	400.000	550.000	_____
<b>TOTAL REGISTRATION FEES</b>			_____

\*\* Companion program includes: opening and closing ceremony, concert, social dinner, two (2) half-day city tours.

(Continued on back)

## SEMINARS AND WORKSHOPS

### Family Day Forum, Monday, May 7, 2001 10:30 AM - 5:00 PM

One day registration Forum is FREE, but advance reservations are required.

Attendance at this Forum does not allow for participation in any other Congress events unless registered for the full Congress.

Half-day programs are 150.000 Lire

Full day programs are 250.000 Lire

### Half-Day Seminars and Workshops - Saturday, May 5, 2001

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> 1) Focus on Visual Disturbances after TBI      | 100.000 | _____ |
| <input type="checkbox"/> 2) Updates on Post-Traumatic Epilepsy          | 100.000 | _____ |
| <input type="checkbox"/> 3) Enteral Nutrition after Severe Brain Damage | 100.000 | _____ |

### Full Day Seminars and Workshops - Saturday, May 5, 2001

- |  |           |       |
|--|-----------|-------|
| <input type="checkbox"/> 4) Safety Issues and Injury Prevention in Olympic Winter Sports | NO CHARGE | _____ |
| <input type="checkbox"/> 5) Update on Evidence-Based Guidelines: Mild TBI                | 200.000   | _____ |
| <input type="checkbox"/> 6) Recent Advances in Memory Rehabilitation                     | 200.000   | _____ |
| <input type="checkbox"/> 7) Advance Life Support in Brain Injury                         | 200.000   | _____ |
| <input type="checkbox"/> 8) New Advances in Spasticity Treatment                         | 200.000   | _____ |

TOTAL SEMINAR AND WORKSHOP FEES \_\_\_\_\_

## OPTIONAL FUNCTION FEES

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> Gala Reception, Dinner and Awards Ceremony<br>Tuesday, May 8, 2001, 8:30 PM - 12:00 MIDNIGHT | 250.000 | _____ |
|---|---------|-------|

TOTAL ADDITIONAL FEES \_\_\_\_\_

## TOURS

### Local Full Day Tours

Tour charges will be paid on-site. Do not include payment with this form.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A) The Castle Tour - May 6 (100.000)      |  |  |
| <input type="checkbox"/> B) The Langhe Area Tour - May 8 (150.000) |  |  |

### Pre Or Post-Conference Tours

Advance reservation and payment is requested for pre and post conference tours. Reservations must be submitted before March 15.

- |   |           |       |
|---|-----------|-------|
| <input type="checkbox"/> C) Venice (3 days) - May 2-4             | 700.000   | _____ |
| <input type="checkbox"/> D) Florence and Rome (4 days) - May 9-12 | 1.030.000 | _____ |

TOTAL TOURS FEES \_\_\_\_\_

## CONTINUING EDUCATION

There is a 50.000 Lire transcript recording fee for physicians and others requiring credit. Please include with your registration fee (see below).

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Social Security Number (for U.S. attendees only):                     |  |  |
| <input type="checkbox"/> Enclosed is 50.000 Lire for Continuing Education Units (CEUs)         |  |  |
| <input type="checkbox"/> Enclosed is 50.000 Lire for Continuing Medical Education Units (CMEs) |  |  |

NOTE: You must be registered for the Congress in order to attend any Congress sessions or functions.

TOTAL AMOUNT ENCLOSED

## PAYMENT

Payment should be remitted in Italian Lire or Euros to Stilema. Bank draft charges must be paid for by the registrant. Payment by credit card is encouraged. The Congress accepts VISA, MasterCard and Diners Club only.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Bank Transfer                             |
| <input type="checkbox"/> Card Type: |  |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA <input type="checkbox"/> Diners Club |

CARD NUMBER \_\_\_\_\_

EXPIRE DATE MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

CARD HOLDER \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

### By Bank Draft

Payable to IBIA2001/Stilema

### By Bank Transfer

(NOTE: Bank service charges must be paid by the registrant. Please attach a copy of the bank transfer receipt with this form.)

I remitted the total amount on

(DATE): \_\_\_\_\_

by bank transfer through my Bank

(BANK NAME): \_\_\_\_\_

### STILEMA IBIA

Account Number 3000905851813

Banca Sella - Turin - Italy

Branch n. 30

CAB 01000

ABI 3268

SWIFT SELBIT2BTOR