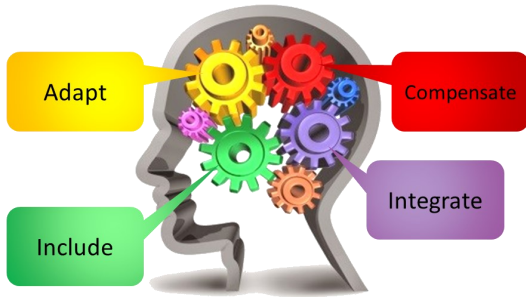


**ELEVENTH ANNUAL
NORTHERN KENTUCKY
TRAUMATIC BRAIN INJURY CONFERENCE**

**March 31, 2017
7:30 AM – 4:00 PM**



**Gear Up for TBI Recovery -
Applicable Strategies**

**RECEPTIONS CONFERENCE CENTER
1379 Donaldson Road • Erlanger, KY 41018
T 859-746-2700 • F 859-746-9740**

**REGISTRATION DEADLINE:
Monday, March 27, 2017**

CONFERENCE CONTACT:
Julie Fronk
(859) 802-4077
julie@bridgesnky.org

CONFERENCE WEBSITE:
bridgesnky.org/TBI_Conference.html

Proceeds Benefit:
BRIDGES, Inc.
Northern Kentucky
Brain Injury Support Group
bridgesnky.org



NKY TBI Conference Registration Form

(Please complete a registration form for **each person** attending)

Name _____
 Title _____
 Organization _____
 CEU(s) seeking _____
 License No. _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____
 E-mail _____

Speaker Presentation Handouts (Select 1):

- GO GREEN** - access from conference website
- Paper handouts

Registration Fee (includes Meals/Snacks):

- Professional \$95.00 (CEU/CLE)
- Brain Injured Survivor \$25.00 (non CEU/CLE)
- Family Member \$25.00 (non CEU/CLE)
- Student \$25.00 (non CEU/CLE)
- General \$25.00 (non CEU/CLE)
- Military / Veteran FREE (non CEU/CEU)
- I am a Brain Injured Survivor or Family Member.
Please consider me for a scholarship. **(Limited)**

Special Needs: _____

Payment : _____ Check Credit Card

Please make check payable to: BRIDGES Inc.

Mail registration, check or credit card payment to:
BRIDGES, INC., 55 Edgewood Road, Edgewood, KY 41017

Credit card registrations can be faxed to: (866) 511-2521

Charge Credit Card

- MC VISA AMEX DISCOVER

Card # _____

Name (AS APPEARS ON CARD; PLEASE PRINT CLEARLY) _____

Expiration Date (Mo/Yr) _____ Security Code _____ Zip Code _____

Signature _____

Email address for credit card payment confirmation _____

BRIDGES Tax ID: 26-2633630

Registration Deadline: March 27, 2017