

7TH ANNUAL TBI CONFERENCE & RESOURCE FAIR

MAY 16, 2017 | TUESDAY
The California Endowment Center



REGISTRATION FORM

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

CONFERENCE FEES

Registration

<input type="checkbox"/> BIACAL Member (annual membership must be current)	\$ 100.00
<input type="checkbox"/> Non BIACAL Member	\$ 125.00
<input type="checkbox"/> Person with a Brain Injury	\$ 35.00
<input type="checkbox"/> Family/Group Rate (3 or more people)	\$ 75.00
<input type="checkbox"/> Scholarship (must fill out application and be approved for scholarship)	\$ 50.00
<input type="checkbox"/> CEU Credits	\$ 25.00

EXHIBITOR

<input type="checkbox"/> 1 Exhibitor Table & 1 Delegate (Name _____)	\$ 500.00
<input type="checkbox"/> Exhibitor VIP Guests (2 at \$50 each) (Name #1 _____, #2 _____)	\$ 50.00

SUB TOTAL \$ _____

SPONSORORSHIP

<input type="checkbox"/> Coffee Sponsor	\$ 750.00
<input type="checkbox"/> Lunch Sponsor (2 Available)	\$ 1,000.00
<input type="checkbox"/> After Party Sponsor	\$ 2,000.00
<input type="checkbox"/> Conference Memory Stick Sponsor	\$ 1500.00
<input type="checkbox"/> Conference Tote Bag Sponsor	\$ 750.00
<input type="checkbox"/> Conference Lanyard Sponsor	\$ 750.00
<input type="checkbox"/> Conference Note Pad	\$ 750.00
<input type="checkbox"/> Conference Pen Sponsor	\$ 500.00
<input type="checkbox"/> Email Announcement Sponsor (2 available)	\$ 500.00
<input type="checkbox"/> Scholarship Sponsor	\$ 750.00
<input type="checkbox"/> Photo Booth Sponsor	\$ 750.00
<input type="checkbox"/> DJ Sponsor	\$ 1,000.00
<input type="checkbox"/> Conference Bag inserts (2 Premier Sponsors)	\$ 500.00
<input type="checkbox"/> Conference Bag inserts (4 Contributing Sponsors)	\$ 250.00

GRAND TOTAL \$ _____

PAYMENT INFORMATION

We accept Visa, MasterCard, Discover, American Express or Company Check-payable to BIACAL

I am sending a company check

I authorize you to charge my credit card for fees designated above.

Credit Card #: _____ ***CIN#** _____

Exp. Date (mm/yr): _____ **Phone Number:** _____

Cardholder Name: _____

Cardholder Signature: _____

Billing Address: _____

Please return form to: BIACAL, 3501 Mall View Rd., Ste 115-Box 397, Bakersfield, CA 93306

Fax to 661-873-2508 * email to nantonaros@biacal.org

Federal Tax ID#06-1763632