

[CONFERENCE REGISTRATION] HEALTH CARE PROFESSIONALS

ASCC CONFERENCE & EXPO: SEPTEMBER 26, 2014 / BENTON EVENT CENTER

EARLY REGISTRATION: \$50 *If submitted after August 29, 2014: \$65*

Please print clearly

I am a Professional I am a Student

| | | | | | | | | |
|---------------------|--|--|-------------------------------------|--|--|-------|--|--|
| Last Name | | | First Name | | | M.I. | | |
| Job Title / Student | | | Organization/ Company Name /College | | | | | |
| Mailing Address | | | | | | | | |
| City | | | State | | | Zip | | |
| Email Address | | | | | | Phone | | |

OCCUPATION:

- Social Worker
- Case Manager/CCM
- Trauma Coordinator
- Voca. Rehab Counselor/CRC
- Physical Therapist
- Occupational Therapist
- Physician
- Nurse
- EMT
- Other (specify) _____

REGISTER EARLY!
**MAIL Registration Form
and Payment Method to:**

Arkansas Spinal Cord Commission
1501 North University, Suite 470
Little Rock, AR 72207

For your convenience, online
registration is also available.

Visit our Website at:
www.spinalcord.ar.gov

Check is enclosed in the amount of: \$ _____.

Check must accompany registration form.

I authorize ASCC to charge \$ _____ to my

Visa MasterCard CCV #: _____

Card No. _____ Exp. Date _____

Signature _____

Do you need any special accommodations or diet? Yes No

If yes, please contact Shalia at: (501) 296-1788

AREA OF PRACTICE:

- EMS Acute Care Rehab
- Community Service
- Private Practice
- Other (specify) _____

STUDENTS ONLY!

- \$20 registration fee

HEALTHY Minds. HEALTHY Bodies.



Arkansas Spinal Cord Commission
1501 North University, Suite 470
Little Rock, AR 72207

2014 ASCC
Conference
2014 ASCC
Conference
2014 ASCC
Conference
2014 ASCC
Conference
2014 ASCC
Conference

PRESORTED
STANDARD
U S POSTAGE PAID
LITTLE ROCK, AR
PERMIT #3168

BOOTH EXHIBITORS - HANDS-ON DEMONSTRATIONS - EDUCATIONAL SESSIONS - BIGGER THAN EVER!

HEALTHY Minds. HEALTHY Bodies.

[CONFERENCE REGISTRATION]

SCI/D INDIVIDUALS, FAMILY MEMBERS, AND CAREGIVERS

ASCC CONFERENCE & EXPO: SEPTEMBER 26, 2014 / BENTON EVENT CENTER, BENTON, AR

EARLY REGISTRATION: \$15 *If submitted after August 29, 2014: \$20.00*

Please print clearly.

Last Name First Name M.I.

Mailing Address

City State Zip

Email address Phone

Please check all that apply:

- SCI
 MS
 Spina Bifida
 Other: _____
 Accompanying Family Member

Name

Personal Care Provider

Name

Number of Person(s) Registering: _____ X \$15 each

NOTE: \$20 registration fee if submitted after Sept. 5, 2014

TOTAL: \$ _____

REGISTER EARLY!

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Arkansas Spinal Cord Commission
1501 North University, Suite 470
Little Rock, AR 72207



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Check must accompany registration form.

I authorize ASCC to charge \$ _____ to my

Visa MasterCard CCV #: _____

Card No. Exp. Date

Signature

Do you need any special accommodations or diet? Yes No

If yes, please contact Shalia at: (501) 296-1788

I understand as a client of the Arkansas Spinal Cord Commission I may apply to receive assistance to attend the 2014 Annual ASCC Conference & Expo. *I request the following assistance, please check all that apply:*

A scholarship for registration fee(s), applies to ASCC Client, family member or personal care provider only.

Number of registration scholarships requested: _____. Limited number available, so register early!

TRAVEL STIPENDS

I am requesting a travel stipend

• **Travel stipends are available to ASCC Clients ONLY!**

• Travel stipend amounts are as follows:

- \$25 for those living 50 miles or less from the Conference site.
- \$50 for those living 51-150 miles from the Conference site.
- \$75 for those living 151 miles or more from the Conference site.

To apply simply check the travel stipend box above. You will be notified of approval and amount of the stipend prior to the conference.

HOTEL REIMBURSEMENTS

I am requesting a hotel reimbursement:

• **\$100 Hotel reimbursements are available to ASCC Clients ONLY!**

- To qualify, travel distance must be over 100 miles to the conference site.
- Hotel reimbursement will be provided at the conference only to those who apply in advance (*Hotel bill is required for payment*).

To apply simply check the hotel reimbursement request box above. You will be notified when approved in advance of the conference.

DEADLINE TO APPLY FOR TRAVEL STIPENDS AND HOTEL REIMBURSEMENTS IS AUGUST 22, 2014!

REGISTER & APPLY EARLY! HOTEL REIMBURSEMENTS AND TRAVEL STIPENDS ARE LIMITED!

BOOTH EXHIBITORS • HANDS-ON DEMONSTRATIONS • EDUCATIONAL SESSIONS • BIGGER THAN EVER!