

# 40th ANNUAL NEUROREHABILITATION CONFERENCE



**November 16 & 17, 2019**  
Hyatt Regency Cambridge  
575 Memorial Drive • Cambridge, MA



## PAYMENT FORM:

One applicant per form (photocopies are acceptable). Refunds, minus a \$50 administrative fee, will be granted if a request is received in writing by 10/18/19. Encompass Health Rehabilitation Hospital of Braintree reserves the right to cancel educational programs at any time. If the program is cancelled by Encompass Braintree, a full refund will be granted and returned to the participant within 60 days.

**NAME:** \_\_\_\_\_ **PROFESSIONAL DISCIPLINE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

	Advanced rate July 1-September 30	Regular rate October 1- November 15	On-site rate November 16-17
Student	\$225	\$250	\$300
Day registration	\$275	\$300	\$350
Full registration	\$450	\$525	\$575
Encompass Health employee	\$350	\$425	\$475
Group rate—Three or more from the same facility (MUST REGISTER AT THE SAME TIME)	\$400	\$475	\$525
Encompass Health Rehabilitation Hospital of Braintree	No charge	No charge	No charge

**AMOUNT ENCLOSED:** \_\_\_\_\_  CHECK  CREDIT CARD

**CREDIT CARD #** \_\_\_\_\_  CARD TYPE (AX, VISA, MC, DISCOVER) \_\_\_\_\_

**SECURITY CODE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**NAME ON CREDIT CARD:** \_\_\_\_\_

**BILLING**

**ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CONTINUE ON THE BACK**

## **PAYMENT INFORMATION:**

Payment may be made via check/money order or credit card. Checks/money orders should be made payable to Encompass Health Rehabilitation Hospital of Braintree. Mail the payment form and payment to:

Encompass Health Rehabilitation Hospital of Braintree

**ATTENTION: Ellen Spiegel**

250 Pond Street

Braintree, MA 02184

This form is strictly for payment purposes ONLY. To register, go to the ON-LINE REGISTRATION link and follow the instructions.

If paying by credit card you can mail the payment form or fax it to: 781-356-2748.

If you need any assistance, please contact Ellen Spiegel at 781.348.3827 or e-mail [ellen.spiegel@encompasshealth](mailto:ellen.spiegel@encompasshealth).