

REHAB SUMMIT

REGISTRATION FORM ♦ July 23-25, 2009

Please type or print clearly. All information is required for processing your registration.

Name _____ Badge Name _____

Credentials _____ Specialty _____

(circle one) Professional License # OR Social Security # _____

(circle one) Employer/Private Practice _____ Title/Dept _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Alternate) _____

E-mail _____ Fax _____

Session Selection:

	Track 1	Track 2	Track 3	Track 4
Thursday, July 23				
8:00 - 10:00 am	___	100	Opening Address (General Session)*	
10:15 - 12:15 pm	___	101	___	201 ___ 301 ___ 401
2:00 - 4:00 pm	___	102	___	202 ___ 302 ___ 402
4:15 - 6:15 pm	___	103	___	203 ___ 303 ___ 403
6:00 - 8:00 pm	___	President's Wine and Cheese Reception with Silent Auction (FREE w/Conference Registration)		
Friday, July 24				
8:00 - 10:00 am	___	104	___	204 ___ 304 ___ 404
10:15 - 12:15 pm	___	105	___	205 ___ 305 ___ 405
2:00 - 4:00 pm	___	106	___	206 ___ 306 ___ 406
4:15 - 6:15 pm	___	107	___	207 ___ 307 ___ 407
Saturday, July 25				
8:00 - 10:00 am	___	108	___	208 ___ 308 ___ 408
10:15 - 12:15 pm	___	109	___	209 ___ 309 ___ 409

* Attendance required to receive maximum continuing education credit for total conference.

Registration Fees (select all that apply)

Full Conference	Early Registration	After April 30, 2009
Single Registrant	___ \$515	___ \$585
Multiple Registrants (5 +) <i>who register at same time</i>	___ \$495 ea	___ \$565 ea

Includes access to Exhibit Hall, Opening Address and President's Reception.
Guests of registrant(s) may purchase a Guest Pass for access.

Guest Passes

President's Reception Guest Pass: _____ \$40 per person Thur., July 23

Exhibit Hall Guest Pass**: _____ \$70 per person Thur., July 23

_____ \$70 per person Fri., July 24

**Includes lunch

Method of Payment:

Full payment must accompany each registration form. Faxed registration forms must include credit card information or they will not be processed.

Check enclosed (Make checks payable to Cross Country Education)

Credit Card Charge will appear as Cross Country Education on your credit card statement.

Card # _____

Exp. Date _____ Total \$ _____

Cardholder's Signature _____

Cardholder's Printed Name _____

Billing Address _____

Cancellation Policy:

Refunds will be granted until June 12, 2009, only when written notification is received. No cancellations will be accepted after June 12, 2009.

A processing fee of \$175 will be charged for all cancellations. Refunds on cancellations will be processed after The Rehab Summit. Substitutions will be permitted if received in writing by June 19, 2009. Confirmed registrants not attending The Rehab Summit will not be granted refunds.



Mail to: **Rehab Summit**
c/o Cross Country Education
P.O. Box 200
Brentwood, TN 37024

Call to register **866-303-9103** ♦ fax **888-290-8319**
or on-line at **www.rehabsummit.com**