



21st ANNUAL _____

STROKE BELT CONSORTIUM

December 8-9, 2017
Arrival date: December 7, 2017

Registration Form

Program information: www.strokebelt.org

Full Name: _____

University/Organization: _____

Preferred Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email: _____ Telephone: (____) _____ Fax: (____) _____

CONFERENCE MEALS- please check all that you will be attending:

Welcome Reception Thursday, December 7 Vegetarian meal

Lunch: Friday, December 8 Saturday, December 9 Vegetarian meal

Dinner: Friday, December 8 Vegetarian meal

Please list any ADA Special Needs:

ACCOMMODATIONS

**Room rate is \$150.00/night (excluding tax)

Will you need hotel accommodations? Yes No

If YES: Arrival Date _____ Departure Date _____

Please email completed registration form to: bris@goglobalpitch.com