



10 Colvin Avenue | Albany, NY 12206-1242
Phone: (518) 459-7911 | Fax: (518) 482-5285
1-800-444-6443 | 1-800-228-8201
Website: www.bianys.org | E-mail: info@bianys.org

THE VOICE OF BRAIN INJURY

UNDERSTANDING LIFE WITH BRAIN INJURY REGISTRATION

Wednesday, January 25, 2012

10:00am to 1:00pm

Burke Rehabilitation Center

785 Mamaroneck Ave.

White Plains, NY 10605

www.burke.org

Monday, March 12, 2012

10:00am to 1:00pm

Helen Hayes Hospital

Route 9W North

West Haverstraw, NY 10993

www.helenhayeshospital.org

Choose one: _____ **Burke (1/25)** or _____ **Helen Hayes (3/12)**

PROVIDER AGENCY/ORGANIZATION

NAME OF ATTENDEE/S

JOB TITLE

ADDRESS

PHONE _____ E-MAIL _____

Agency provides the following services (check all that apply):

Independent Living Skills

Structured Day Program

Intensive Behavioral Program

Home and Community Support Services

Respite Care

Transportation

Substance Abuse Program

Community Integration

Environmental Modifications

Special Medical Equipment

Other: _____

Please e-mail or fax completed registration forms to:

Jan Fleischner, Project Assistant

jfleischner@bianys.org

Fax: (518) 482-5285 (518) 459-7911