



National Injury Prevention Foundation

# 2017 ThinkFirst Conference on Injury Prevention

DoubleTree by Hilton, Los Angeles Downtown  
120 South Los Angeles Street, Los Angeles, CA 90012 ph. 213-629-1200

**April 22-24**  
April 21, Chapter Training Day

Registration Form – 1 Per Person  
Must be Completed Online.

<b>Register Online. Pay online or send to: ThinkFirst Foundation</b>			
1801 N. Mill Street • Suite F • Naperville, IL 60563 Tel: 630-961-1400 • Email: thinkfirst@thinkfirst.org			
Name:		Professional Designation:	
Chapter:		Chapter Director Name:	
Business Name:			
Mailing Address:			
City/State/Zip:			
Phone:		E-mail:	
Are you a first time attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CHAPTER TRAINING</b>		<b>Friday, April 21, 2017</b>	<b>Breakfast/Lunch Included</b>
<input type="checkbox"/>	New Chapter (includes materials) - approved chapter application required	\$1,500	
<input type="checkbox"/>	New Director of Existing Chapter (no materials)	\$250	
<input type="checkbox"/>	Additional Chapter Staff, Refresher Attendee, VIP (TFFT/VIP focus in afternoon)	\$100	
<b>CONFERENCE</b>		<b>Saturday, April 22-Monday, April 24</b>	
<input type="checkbox"/>	<b>Member:</b> <input type="checkbox"/> Chapter Director <input type="checkbox"/> Chapter Member <input type="checkbox"/> Sponsoring Physician	\$350	
<input type="checkbox"/>	Member: Late Registration Fee (Postmarked after March 20, 2017)	\$450	
<input type="checkbox"/>	<b>Non-Member</b>	\$400	
<input type="checkbox"/>	Non-member: Late Registration Fee (Postmarked after March 20, 2017)	\$500	
<input type="checkbox"/>	<b>VIP Speaker</b> (Voices For Injury Prevention)	\$275	
<input type="checkbox"/>	VIP Speaker: Late Registration Fee (Postmarked after March 20, 2017)	\$300	
<input type="checkbox"/>	<b>Guest, Reception:</b> Saturday Evening (name _____)	\$25	
<input type="checkbox"/>	<b>Guest, Lunch:</b> <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. (name _____)	Ea. \$50	
<b>AMOUNT INCLUDED (Non-refundable)</b>		<b>TOTAL:</b>	
<b>PAYMENT INFORMATION (Please Print Clearly)</b>			
<input type="checkbox"/> <b>Check Payable to: ThinkFirst Foundation</b>			
<input type="checkbox"/> <b>Payment Made Through PayPal at <a href="http://www.thinkfirst.org">www.thinkfirst.org</a> Date:</b>			
<input type="checkbox"/> <b>Payment by Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:		Expiration Date:	
Name (as it appears on card):			
Billing Address of Card Holder:			
Signature:			