

Unmasking Brain Injury Registration Form

PLEASE PRINT CLEARLY (one per person) – BRAIN INJURY SURVIVOR			
First Name		Last Name	
Mailing Address			
City	County	State	Zip Code
Email Address			
Phone Number with Area Code (required for session cancellation or rescheduling notification)			
PICK YOUR FIRST, SECOND, AND THIRD CHOICE OF DATES June 24, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants) – Session full – registration closed — July 22, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants) — August 19, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants) — September 23, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants) — October 21, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants) — November 4, 2020 1:00pm until 4:00 pm – BIRCoFWI Office, Waukesha (Limited to 6 participants)			
PLEASE PRINT CLEARLY (Caregiver or Guest information) Note: Due to the nature of the project, only brain injury survivors are eligible to make a mask but caregivers and/or one guest are invited to attend			
First Name	Last Name		Phone Number with Area Code (required for session cancellation or rescheduling notification)

Drop off at or Mail completed form to:

Brain injury Resource Center of Wisconsin
 511 North Grand Ave
 Waukesha, WI 53186

FAX to:

262-436-1747

Scan and Email To:

Admin@bircofwi.org