

## Academy of Certified Brain Injury Specialists Statement for Check Payments

M.I.

First Name

## **Customer Information**

Title

Shipping Address
Shipping Address
City, State, Zip

Phone Number Email Address

Last Name

Company Name

Group ID (if applicable)

Applicant Name(s)

Item/Product Qty	Item/Product	Qty	Item/Product	Qty	Item/Product	Qty	Item/Product	Qty
CBIS or CBIST	Provisional CBIS		CBIS or CBIST		Essential Brain		Fundamentals	
Single Application	Application		Renewal Application		Injury Guide, Edition 5.0		Application & Workbook	
(\$325)	(\$150)		(\$70)		Digital (\$75)		Bundle	
					· ,		(\$135)	
							*includes	
							shipping	
CBIS or CBIST	PCBIS to CBIS		Journal of Head		Essential Brain			
Group Application			Trauma		Injury Guide,		For Digital El	
Members of 5-29	(\$400)		Rehabilitation Renewal		Edition 5.0,	n Cot	include an er addresses fo	
(\$250)	(\$100)		Subscription		Companio Digital	ii Set	book ordered	
(φ200)			Casconption		(\$110)		BOOK GIGGIOG	•
			(\$50)		,			
CBIS or CBIST	CBIS or CBIST							
Group Application	Application Substitution							
Members 30+	(\$35)							
(\$225)	(\$33)							

**Total Cost:** 

\*Shipping is included to one address in the 48 contiguous US states. Shipping to Hawaii, Alaska, rush split shipping and/or international shipping are subject to additional shipping charges.

Sales tax may be required by your state and is not included. Prices are subject to change.

Please contact BIAA to discuss your shipping needs before submitting this form.

Checks should be made payable in U.S. dollars to **ACBIS** and sent to:

Brain Injury Association of America/ACBIS P. O. Box 7416
Merrifield, VA 22116-7416