



KEYS- Keep Every Youth Safe

Program Reservation Form

To schedule a program please complete the form below or visit us online at www.biama.org. Completed reservation forms can be faxed to (508) 475-0039, scanned and emailed to KEYS@biama.org or mailed to: Brain Injury Association of Massachusetts, Attn. KEYS Program Manager, 30 Lyman Street, Suite 10, Westborough, MA 01581.

BIA-MA will contact you upon receipt of this reservation form to confirm your program. For questions and concerns, contact the KEYS Program Manager at (508) 475-0032, ext. 21.

Step 1: Contact Information

Name: _____ Title: _____

School: _____

Address: _____

City/Town: _____ Zip: _____

Telephone: _____ Email: _____

Preferred method of contact: Email Phone Mail

How did you hear about the program? _____

Step 2: Program Request Details

Date Requested (Day/Date): _____ Time: _____

Alternate Date (Day/Date): _____ Time: _____

Approximate total number of students: _____

Please use the space below to highlight any important information or requests regarding the check in for the presentation, special directions, parking, etc.

Continued on reverse →

Step 3: Payment

Although KEYS is partially subsidized by BIA-MA, it is not possible for this funding to cover the total operational costs of the program. Therefore, we ask that you submit a \$75 payment (or \$60 each for 3 or more programs in one calendar month) for each KEYS program delivered at your school. This contribution is greatly appreciated and helps us to continue to raise awareness about brain injury across Massachusetts. There is no need to send payment now; we will send you an invoice with instructions for payment at the end of each month.

Thank you for your support!

Step 4: Confirmation

Please review the information you have provided to ensure that all fields are accurate and complete. BIA-MA will contact you upon receipt of this reservation form to confirm your program. In the meantime, if you have any questions or concerns about an upcoming KEYS program, please call the KEYS Program Manager at (508) 475-0032, ext. 21.

We greatly appreciate your interest in teen driver safety and injury prevention and are looking forward to an excellent program!

* For BIA-MA Office Use Only *

Presenter: _____ C: E-mail_____ Phone_____ Date:_____

School: C E-mail_____ C Phone_____ Date:_____

Payment: CC _____ CH_____ POD_____ Date:_____