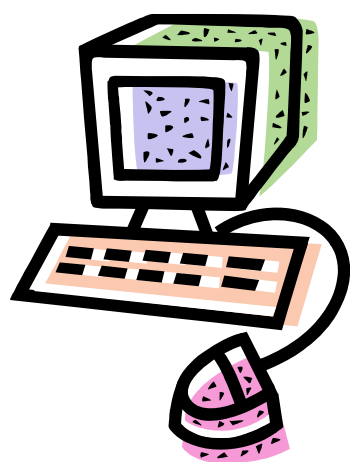


# ABI email network for professionals, people with ABI, families and carers

## Get information regarding:

- ABI, Stroke and Neurological conditions– for example: publications, developments, changes to legislation, systems and new products
- Service meetings, workshops, rallies and conferences relevant to ABI, Stroke and Neurological conditions
- Products and services being launched by BrainLink and other ABI, Stroke and Neurological support services
- BrainLink Carer education programs and events



## The advantages include:

- Fast instant access to information
- Coordinated response to sending out information
- You can forward the email onto other community groups you think would benefit from the information

BrainLink is responsible for the ongoing coordination of the email network and the screening of information placed in the news board issues. You can email your information broadcasts to us and we can send it onto the email network.

To get onto the email network, email your name and email address to

[info@brainlink.org.au](mailto:info@brainlink.org.au)

**BrainLink**

*Reducing incidence and impact of acquired  
brain disorders in our community.*

# B-Link CARES Network

The B-Link CARES Network is your way of supporting the work of BrainLink as well keeping in touch with BrainLink's news and events, projects and the latest support programs and information.

Annual network subscriptions are offered at different levels of membership so why not subscribe today and reap the benefits of the specialised information

## Member Entitlements include:

- B-Link Newsletter
- Annual Report Notification of BrainLink Events and seminars
- Access to BrainLink email networks
- Member discounts on organisation training
- 10% discount on information products



*Reducing incidence and impact of brain disorders in our community.*

Yes, I would like to purchase a twelve month subscription to the **B-Link CARES Network**.

**I would like to register as an:**

- \$15—Individual     \$15 — Support Group  
 \$25—Health Professional     \$50—Organisation

I care for a person with an ABI/Neurological Disorder

I am a person with ABI/Neurological Disorder

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment Method:**     Cheque     Money Order

Please debit my:     VISA     MasterCard     Bankcard     Amex

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

*NB- BrainLink would like to assure you that your contact details are confidential and cannot be accessed by a third party. Your personal details are recorded only for the purpose for which they were given.*

**Once completed, please return this form to:  
BrainLink Services  
Reply Paid 84420**