

B O S H A SPORTS MEDICINE



CONFERENCE 2016

JULY 16, 2016 ☆ W HOTEL AT VICTORY PARK ☆ DALLAS, TEXAS

ONSITE REGISTRATION FORM

To register for this educational activity, complete the form below and present it at the onsite registration desk at the conference. Space is limited and on-site registration is not guaranteed. Tuition includes continental breakfast, lunch, and breaks. Registration confirmations and receipts will be provided by email only – please provide a valid email address so that you may receive these notices. A \$25 service charge will be added to returned checks and/or credit/debit card denials. No refunds will be provided for onsite registrations, however substitutions will be accepted. No-shows are not eligible for a refund.

* Indicates required field.

First Name*		MI		Last Name*			
Address*				Apt./Suite			
City*				State*		ZIP*	
Contact Phone*			Email*				
Workplace*							
Credentials*							
Credit(s) Sought*	Please check all that apply: <input type="checkbox"/> Nursing <input type="checkbox"/> Athletic Trainer <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Coach <input type="checkbox"/> None						
Special Requests	<input type="checkbox"/> Vegetarian Meals <input type="checkbox"/> Disability Accommodations <input type="checkbox"/> Other:						
Referred by	<input type="checkbox"/> Brochure in Mail <input type="checkbox"/> Email <input type="checkbox"/> Poster <input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Other:						
Registration Type	<input type="checkbox"/> Nursing - \$55 <input type="checkbox"/> Athletic Trainer - \$55 <input type="checkbox"/> Physical Therapist - \$55 <input type="checkbox"/> Coach - \$55						
Breakout Labs (Choose One)	<input type="checkbox"/> #1 Patellofemoral Joint Stabilization <input type="checkbox"/> #2 Sideline Assessment of Concussions <input type="checkbox"/> #3 Taping Techniques for Foot & Ankle and Ankle						
TOTAL AMOUNT DUE						\$	55
Pay Method	<input type="checkbox"/> Check (pay to "Camenae Group") <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Money Order						
Name on Card				Signature			
Card #				Exp. Date		Code	

INTERNAL USE ONLY:

<input type="checkbox"/> ROL	<input type="checkbox"/> MDATA	<input type="checkbox"/> CERT	<input type="checkbox"/> REGLOG	<input type="checkbox"/> NTAG	<input type="checkbox"/> RECEIPT	<input type="checkbox"/> PMT TYPE:
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For more information, please visit www.CamenaeGroup.com or email info@CamenaeGroup.com

