FOURTEENTH ANNUAL • DALLAS/FORT WORTH

SPORTS MEDICINE SYMPOSIUM 2017

ONSITE REGISTRATION FORM

TO EXPEDITE ONSITE REGISTRATIONS: Complete this form and bring it with you to the Onsite Registration Desk Complete on Friday March 24, 2017 between 2:00 and 3:45 PM. A receipt is sent via email to all registrants - please provide a valid email address when registering. * Indicates required field

First Name*		MI		Last Name*	
Address*		Apt./Suite			
City*		ST		ZIP		Phone*	
Email*					
Workplace*					
Credentials*					
Special Requests	Indicate any dietary or other special requirements				

LAB SELECTIONS - IMPORTANT: Select 4 Saturday Labs

SATURDAY - Please choose 4 of the following 6 labs	
☐ A - Patella Mobilization	☐ D - Blood Flow Restrictions Lab
☐ B - Off Season Nutritional Needs for Athletes	☐ E - Dynamic Taping
☐ C - Scapula Core Training	☐ F - Canalith Repositioning Techniques (CRT) for Vertigo (BPPV)

TUITION FEES

Please check a box in each row, and write the amount in the far right column.

		AMOUNT
1. Symposium*	☐ Physician: $325 ☐ PT, PTA, PA, OT: $295 ☐ Athletic Trainer, CSCS, Coach: $195	$
2. Pre-Symposium Lab*	☐ YES, I will attend: +$30 ☐ NO, I will NOT attend: $0	$
3. Late Fee	☐ After 3/17/2017 + $50	$ 50.00
TOTAL AMOUNT DUE		$

Pay Method	☐ Check (payable to "Camenae Group") ☐ Visa ☐ MasterCard ☐ American Express				
Name on Card		Signature			
Card #		Expiration		Code	

INTERNAL USE ONLY: ROL______ MDATA______ CERT______ NAMETAG______

BY: __________ (initials) REGLOG______ RECEIPT______ AMT______ TYPE/#CK ______