

# COURSE REGISTRATION FORM

## 34<sup>TH</sup> ANNUAL **ADVANCES** ON THE **KNEE, SHOULDER, HIP AND SPORTSMEDICINE**

Attendee's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

PT Lic # & State: \_\_\_\_\_ N.A.T.A. Cert #: \_\_\_\_\_ NSCA #: \_\_\_\_\_

Visa  Discover  MC Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Please select:  M.D./D.O. \$1,000  Resident/Fellow \$1,000 (\$100 refunded upon receipt of certified letter of training status)  NP \$800

Physical Therapist \$800  Athletic Trainer \$800  Physician Assistant \$800  P.T. Assistant \$800

Student \$800 (\$100 refunded upon receipt of certified letter of student status)  Other \$800 (please specify) \_\_\_\_\_

**Pre-Conference Sportsmetrics™ Certification Course \$790**

**Combined Sportsmetrics™ and Advances Course Registration (\$400 discount off combined registration fee)**

**Blood Flow Restriction Pre-Conference Event: FREE for Sportsmetrics™ and Advances course participants.**

How did you hear about this course? \_\_\_\_\_

### REGISTRATION OPTIONS

Online [www.csmoevents.com](http://www.csmoevents.com)  
Fax 513-792-3230 | Phone 513-794-8461

Mail to CSMREF: Debbie Hartwig, 10663 Montgomery Road, Cincinnati, OH 45242  
Checks payable to Cincinnati SportsMedicine Research & Education Foundation