

45th Annual Symposium on Sports Medicine

January 18-20, 2018

Registration Form

Name: _____

Degree: MD DO PT PTA ATC LAT OT Coach Other: _____

Institution: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Do you have special requirements? Yes No

Do you have special dietary needs? Yes No If yes, you will be contacted by our CME staff.

REGISTRATION FEES

(On or Before 12/28/17)

Physicians \$310

Other \$180

CPR Recertification \$60

(After 12/28/17)

Physicians \$335

Other \$200

CPR Recertification \$65

The registration fee includes access to all sessions and workshops; continental breakfast, breaks and lunch; and access to downloadable handouts from the UT Health San Antonio CME Website.

Hard copy handouts will NOT be available. If you must cancel, the registration fee will be refunded less a \$50 handling charge if notice is received on or before December 28, 2017.

PAYMENT INFORMATION

1. **Online:** <http://cme.uthscsa.edu/sportsmedicine2018.asp>

2. **Mail:** Return your completed registration form and payment to:

UTHSCSA-CME, 7703 Floyd Curl Drive, MC 7980, San Antonio, TX 78229-3900

Check enclosed (Payable to *UTHSCSA CME-162349*)

Please charge my: VISA MasterCard Discover American Express

Card Holder Name: _____ Card Number: _____

Signature: _____ Exp. Date: ____/____/____

Confirmation: All early registrations are confirmed in writing via e-mail. If you do not receive a confirmation, call (210) 567-4491 or 1-866-601-4448, or email cme@uthhealthsa.org.