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)  (After 12/28/17)

[ ] Physicians $310  [ ] Physicians $335

[ ] Other $180  [ ] Other $200

[ ] CPR Recertification $60  [ ] 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@uthealthsa.org.