

**46<sup>th</sup> Annual Symposium on Sports Medicine**  
**Holly Auditorium, UT Health San Antonio (Main Campus)**  
**January 18-19, 2019**

**REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Degree:** ☐ MD ☐ DO ☐ PA ☐ PT ☐ ATC ☐ LAT ☐ OT ☐ Other: \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**List any special requirements:** \_\_\_\_\_

**REGISTRATION FEES**

Early fee through 12/28/2018

- ☐ **\$60** - CPR Re-certification (held 1/17/19)  
☐ **\$330** - Physicians  
☐ **\$180** - Other Healthcare Professionals

Fee after 12/28/2018

- ☐ **\$65** - CPR Re-certification (held 1/17/19)  
☐ **\$350** - Physicians  
☐ **\$200** - Other Healthcare Professionals

**PAYMENT**

- ☐ **By Check:** Payable to **UT Health San Antonio CME - 164588**

Mail: Return your completed registration form and payment to:  
UT Health San Antonio-CME  
7703 Floyd Curl Drive, MC 7980  
San Antonio, TX 78229-3900

- ☐ **By Credit Card:** please email completed registration form to [cme@uthealthsa.org](mailto:cme@uthealthsa.org) or via USPS via the above referenced mailing address for checks.

Please charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Holder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*The Office of Continuing Medical Education reserves the right to limit enrollment and cancel any course no less than one week prior to the activity. Should circumstances make this necessary, your registration fee would be refunded in full. If you must cancel, the registration fee will be refunded less a \$50 handling charge if notice is received by December 28, 2018. Cancellations received after December 28, 2018 will not be refunded.

**Confirmation:** All 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](mailto:cme@uthealthsa.org)