

47th Annual Symposium on Sports Medicine
Holly Auditorium, UT Health San Antonio (Main Campus)
January 24-25, 2020

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 12/27/2019

- \$60** - CPR Re-certification (held 1/23/20)
- \$330** - Physicians
- \$180** - Other Healthcare Professionals

Fee after 12/27/2019

- \$65** - CPR Re-certification (held 1/23/20)
- \$350** - Physicians
- \$200** - Other Healthcare Professionals

PAYMENT

- By Check:** Payable to *UT Health San Antonio CME - 165097*

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 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 27, 2019. Cancellations received after December 27, 2019 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