

REGISTER EARLY AS AN ACSM MEMBER AND SAVE!

# REGISTER FOR THE 2010 SUMMIT



ACSM's 14th  
**HEALTH & FITNESS  
SUMMIT  
& EXPOSITION**

April 7-10, 2010  
Hilton Austin  
Austin, Texas

## 2010 PRE-REGISTRATION FEE WORKSHEET

Existing ACSM Members: 2010 dues must be current at meeting

### SUMMIT ATTENDANCE CATEGORIES

	Early Bird Registration	1/7/10 Through 2/18/10	2/19/10 Through 3/17/10	On-Site Fee
<input type="checkbox"/> ACSM MEMBER	\$295	\$320	\$350	\$380
<input type="checkbox"/> ACSM STUDENT MEMBER* (ATTACH COPY OF STUDENT ID)	125	150	180	180
<input checked="" type="checkbox"/> <b>NEW ACSM ALLIANCE MEMBER (OR ACSM CERTIFIED PROFESSIONALS)</b> <b>BEST VALUE!</b>	385	410	440	470
<input type="checkbox"/> NEW ACSM STUDENT ALLIANCE MEMBER* (ATTACH COPY OF STUDENT ID)	175	200	230	230
<input type="checkbox"/> NON ACSM MEMBER	435	465	495	525
<input type="checkbox"/> STUDENT (NON ACSM MEMBER) (ATTACH COPY OF STUDENT ID)	145	170	200	200



### \$100 ADD ONE PRECONFERENCE (OPTIONAL) – SUMMIT ATTENDEES ONLY

CHOOSE ONE - DUE TO OVERLAPPING TIMES - ALL 4/7/10

- Emerging Trends in Worksite Health Promotion...
- Exercise Adherence in 2010-Thinking Outside the Box
- Resistance Training: Taking it to the Next Level
- Obesity

ACSM CERTIFIED PROFESSIONALS AND NON-MEMBERS, JOIN ACSM'S ALLIANCE OF HEALTH AND FITNESS PROFESSIONALS\* NOW AND RECEIVE A YEARLY SUBSCRIPTION TO ACSM'S HEALTH & FITNESS JOURNAL® AND OTHER BENEFITS OF ACSM ALLIANCE MEMBERSHIP.



## 9 TRACKS BRIDGING THE GAP BETWEEN SCIENCE AND PRACTICE®

### REGISTRATION AND BADGE INFORMATION

(BADGE INFORMATION IS LIMITED TO 30 CHARACTERS PER LINE).

CURRENT ACSM/ALLIANCE MEMBER? [ ] YES (ID# \_\_\_\_\_) [ ] NO

IS THIS YOUR FIRST SUMMIT? [ ] YES [ ] NO, I ATTENDED IN \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ACSM? [ ] YES (PREVIOUS ID# \_\_\_\_\_) [ ] NO

GENDER: [ ] MALE [ ] FEMALE TITLE: [ ] MR. [ ] MRS. [ ] MS. [ ] DR.

ACSM CERTIFIED? [ ] WHICH CERTIFICATION? \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

NAME APPEARING ON BADGE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

IS THIS A [ ] HOME OR [ ] WORK ADDRESS? FOR ACSM MEMBERS, IS THIS A CHANGE OF ADDRESS? [ ] YES [ ] NO

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY (IF NOT UNITED STATES) \_\_\_\_\_

TEL./HOME \_\_\_\_\_ TEL./WORK \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL (REQUIRED — ALL MEETING INFORMATION WILL BE SENT VIA E-MAIL) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HIGHEST DEGREE EARNED \_\_\_\_\_

### MAJOR RESPONSIBILITY (CHECK ONE)

- 1. Health Fitness Instructor/Personal Trainer
- 2. Fitness Program/Wellness Program
- 3. Cardiac Rehabilitation/Exercise Specialists
- 4. Club Owner/Manager
- 5. Educator
- 6. Physical Therapist/Nutritionist/Nurse
- 7. Student
- 8. Physician
- 9. Athletic Trainer
- 10. Other

### WOULD YOU LIKE A ROOMMATE? [ ] YES [ ] NO

IF YES, WE WILL FORWARD A LIST IN MID-FEBRUARY OF POTENTIAL ROOMMATES FOR YOU TO CONTACT.

**STUDENTS:** WOULD YOU LIKE TO RECEIVE INFORMATION ON THE STUDENT VOLUNTEER PROGRAM?\* [ ] YES [ ] NO

**FINAL PROGRAM:** (PLEASE CHECK ONLY ONE) PLEASE INDICATE IN WHICH FORMAT YOU WOULD LIKE TO RECEIVE YOUR ONSITE FINAL PROGRAM [ ] PRINTED COPY [ ] FLASH DRIVE FORMAT

### PAYMENT INFORMATION:

Summit Attendance Fee ..... \$ \_\_\_\_\_

Membership Renewal ..... \$ \_\_\_\_\_

Add Regional Chapter Membership (optional) ..... \$ \_\_\_\_\_  
\$35 Professional/\$15 Student

Optional Donation to ACSM Foundation\*\* ..... \$ \_\_\_\_\_

One Day Attendance Fees: (indicate day below) ..... \$ \_\_\_\_\_

- Wednesday (\$90)
- Thursday (\$170)
- Friday (\$170)
- Saturday (\$90)

**TOTAL \$** \_\_\_\_\_

### PAYMENT FULL PAYMENT MUST ACCOMPANY FORM

U.S. DOLLARS ONLY. ACSM FEDERAL I.D. #23-6390952

- CHECK ENCLOSED—\$25 FEE FOR RETURNED CHECKS
- MASTERCARD®  VISA®  DISCOVER®  AMERICAN EXPRESS®

\_\_\_\_\_/\_\_\_\_\_  
CARD NUMBER EXPIRATION DATE: MO/YR

\_\_\_\_\_  
SECURITY CODE

AUTHORIZED SIGNATURE \_\_\_\_\_

**FOR IMMEDIATE ONLINE REGISTRATION:** Go to [www.ACSM.org/register](http://www.ACSM.org/register). An online receipt and confirmation is generated upon completion of online registration process; Those paying with MasterCard®, Visa® or Discover® may fax this form to (317) 634-7817. Faxed forms are considered originals – do NOT mail a duplicate copy; OR mail this form to ACSM, Department 6022, Carol Stream, IL 60122-6022. Mailed and faxed registrations may take four weeks for processing and registration confirmations are returned via e-mail. PREREGISTRATION ENDS MARCH 17, 2010. THEREAFTER, REGISTRATION WILL BE ACCEPTED ON-SITE. **GENERAL INFORMATION:** Please notify ACSM by March 17, 2010, if you need any special accommodations as a result of disability. The planner and sponsors of this event claim no liability for the acts of any suppliers to this meeting, nor for the safety of any attendee at or while in transit to this event. The planners and sponsors reserve the right to cancel this event without penalty. Attendees who purchase non-refundable airline tickets, do so at their own risk. The total amount of any liability of the planners and sponsors will be limited to a refund of the registration fee. Your submission of this form acknowledges acceptance of these terms. **CANCELLATION POLICY:** Cancellations will be accepted if sent in writing to the ACSM National Center and postmarked by February 24, 2010 or e-mailed to [meeting@acsm.org](mailto:meeting@acsm.org) by February 24, 2010. A \$50 service charge will be applied to all cancellations. Refunds will

not be issued to cancellations made after February 24, 2010. All refunds will be made after the meeting (membership dues are not refundable). **SUMMIT WAIVER:** I agree to hold harmless the American College of Sports Medicine (ACSM), Health & Fitness Summit presenters, sponsors and staff, from any and all liability arising out of workouts or activity sessions at this event. This includes, but is not limited to, muscle strains, tears, pulls, broken bones and illness or loss to my person or property. I understand the risks involved in participation in interactive, strenuous activity and attest that I am in sound physical condition. Your submission of this form acknowledges acceptance of these terms. **IMAGE/LIKENESS/VOICE RELEASE:** I understand and agree that, as a result of participating in ACSM's Health & Fitness Summit & Exposition, my image, likeness or voice may be recorded by photography, video or other medium. I hereby grant irrevocable and unrestricted permission to ACSM and its representatives or assignees to use my image, likeness or performance in any medium and for any purpose. I hereby waive any right to inspect or approve such use or materials. Your submission of this form acknowledges acceptance of these terms. **CECS/NATA (CONTINUING EDUCATION CREDITS, NATIONAL ATHLETIC TRAINING ASSOCIATION):** ACSM CEC verification will be available online, instructions will follow meeting attendance. Exhibitors, guests and media must register as an attendee to be eligible for credit.

\* **Student Volunteer Program: Calling all students!** Volunteers are needed to assist with a variety of tasks including registration duties, restocking inventory, assisting with sessions, etc. Shifts are a minimum of four hours long, and student volunteers will receive a refund of 1/2 the student registration fee post meeting! If you are interested, please check the appropriate box on this form. Students will be contacted on a first-come, first-serve basis, so be sure to register early! (Limited number of slots available)  
\*\***Optional Donation to ACSM Foundation.** This denotes an unrestricted contribution. ACSM did not provide goods or services (in whole or in part) in consideration for the above gift.

**WWW.ACSM.ORG**  
**TEL: 317-637-9200**  
**FAX: 317-634-7817**

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