



February 24-28, 2010  
 Flamingo Las Vegas  
 Las Vegas, Nevada  
[www.acsm.org/tpc](http://www.acsm.org/tpc)

**Register online at [www.acsm.org](http://www.acsm.org) for best service.**

See below for registration instructions and policies.  
 Mail completed form and payment to: ACSM • Department 6022  
 Carol Stream, IL 60122-6022 • ACSM Tel.: (317) 637-9200  
 ACSM Fax: (317) 634-7817 • [www.acsm.org](http://www.acsm.org)

Please print. Limit to 30 characters per line.

ACSM Member?  Yes  No ACSM Fellow?  Yes  No Gender:  M  F

Would you like a roommate?  Yes  No If yes, we will forward a list of potential roommates to contact.

Membership ID# \_\_\_\_\_ Name on Badge \_\_\_\_\_  
 Degree \_\_\_\_\_ Birthdate \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Institution \_\_\_\_\_

Member, is this a change of address?  Yes  No  
 Address ( Home  Work) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
 Country (if not United States) \_\_\_\_\_  
 Tel./Business \_\_\_\_\_ Tel./Home \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**TEAM PHYSICIANS ONLY** (check box if applicable)

Professional  
 Collegiate  
 High School  
 Other (please list) \_\_\_\_\_

**SPECIALTY** (check one)

1. Family Practice  
 2. Internal Medicine  
 3. Orthopaedic Surgery  
 4. General Surgery  
 5. Pediatrics  
 6. Athletic Trainer  
 7. Other (please list) \_\_\_\_\_

Are you a physician (M.D. or D.O.)?  Yes  No (for ACCME tracking purposes)

**FEE SCHEDULE**  
 Circle appropriate fee (payment must be in U.S. dollars).

	EARLY BIRD BY 12/30/09	LATE REGISTRATION AFTER 12/30/09
<b>Pre-Registration ends February 10, 2010</b>		
<input type="checkbox"/> Preconference Workshop (2/24/10 - Ultrasound Technique)	\$100	\$100
<b>ACSM Team Physician<sup>SM</sup> Course</b>		
<b>ACSM Members (membership dues must be current at time of the meeting)</b>		
<input type="checkbox"/> Professional ACSM Member	\$505	\$565
<input type="checkbox"/> Resident/Professional-in-Training Member	\$405	\$455
<b>New ACSM Members</b> FEE INCLUDES ACSM TEAM PHYSICIAN <sup>SM</sup> COURSE FEE AND ACSM MEMBERSHIP		
<input type="checkbox"/> Professional ACSM Member	\$725	\$785
<input type="checkbox"/> Resident/Professional-in-Training New Member	\$560	\$610
<b>Non-Members</b>		
<input type="checkbox"/> Professional Non-Member	\$730	\$790
<input type="checkbox"/> Resident/Professional-in-Training Non-Member	\$565	\$615

**PAYMENT WORKSHEET** (from above fee schedule)

Preconference Workshop Fee \$ \_\_\_\_\_  
 ACSM Team Physician<sup>SM</sup> Course Fee \$ \_\_\_\_\_  
 Membership renewal (if applicable) \$ \_\_\_\_\_  
SEE ACSM RENEWAL CATEGORIES/FEE'S AT THE BOTTOM OF THE RIGHT COLUMN

Regional Chapter Dues \$ \_\_\_\_\_  
 Professional \$35 Student \$15

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

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

**FULL PAYMENT MUST ACCOMPANY THIS FORM**

PAYMENT MUST BE IN U.S. DOLLARS. MAKE CHECK PAYABLE TO ACSM. \$25 FEE FOR RETURNED CHECKS • FEDERAL ID NUMBER 23-6390952

PAY BY:  MasterCard®  VISA®  Discover®  American Express®  Enclosed Check

Credit Card Number: \_\_\_\_\_  
 Expiration Date MONTH/YEAR \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**REGISTRATION INSTRUCTIONS AND POLICIES**

For immediate registration, register online at [www.acsm.org](http://www.acsm.org). An online receipt and confirmation will be generated upon your completion of your online registration. Mailed registrations may be sent to ACSM, Department 6022, Carol Stream, IL 60122-6022. Mailed registrations may take up to four weeks for processing and confirmations will be mailed to registrants. Pre-registration ends **Wednesday, February 10, 2010**. Thereafter, registration will be accepted/processed on site. The Final Program will be available on site.

Please notify ACSM by December 30, 2009 if you need any special accommodations as a result of disability. The planners 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. Accepted membership applications are not refundable.

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**IMAGE/LIKENESS/VOICE RELEASE:** I understand and agree that, as a result of participating in the ACSM Team Physician<sup>SM</sup> Course, 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.

**CANCELLATION POLICY:** Cancellations will be accepted if sent in writing to the ACSM National Center and postmarked by **January 13, 2010 or e-mailed to [meetings@acsm.org](mailto:meetings@acsm.org) by January 13, 2010**. A service charge of \$50 will be applied to all cancellations. Refunds will not be issued for cancellations made after the course begins or for no-shows. Member dues are not refundable.

**\*\*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.

**NON-MEMBERS: Take advantage of the discounted "New ACSM Member" rate by registering as a new member.** This fee includes conference fees and membership dues. ACSM membership is on an anniversary term. Accepted membership applications are not refundable.

**BECOMING A NEW ACSM MEMBER? THIS SECTION MUST BE COMPLETED.**

THIS FORM SERVES AS YOUR MEMBERSHIP APPLICATION, PLEASE DO NOT SUBMIT A MEMBERSHIP APPLICATION APART FROM THIS FORM.

Have you been a member of ACSM previously?  
 Yes (If yes, please list your previous ID# \_\_\_\_\_)  No

**Membership Category** (SEE "ACSM RENEWAL CATEGORIES/FEE'S" BELOW)  
 Professional  Professional-in-Training

I affirm the statements made by me on this application are correct and that I meet the requirements for the membership category I have requested. I understand that ACSM membership is on an anniversary term and that applications are not refundable. I understand that \$28 of my membership dues is dedicated to a year's subscription to *Medicine & Science in Sports & Exercise*. I have read and agree to abide by the code of ethics and professional conduct of the American College of Sports Medicine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ACSM RENEWAL CATEGORIES/FEE'S**
- Professional/\$220
  - Resident/Professional-in-Training/\$155

