2009 Registration Form

REGISTER FOR THE 2009 SUMMIT

13th Annual ACSM's HEALTH & FITNESS SUMMIT

Atlanta 2009 March 25-28

OMNI HOTEL AT CNN CENTER

2009 PRE-REGISTRATION FEE WORKSHEET (CIRCLE APPROPRIATE FEE BELOW)

Existing ACSM Members: 2009 dues must be current at meeting

Early Bird Registration	1/1/09 Through 1/30/09	1/31/09 Through 2/23/09	On-Site Fee	SUMMIT ATTENDANCE CATEGORIES
$385	$410	$440	$470	NASM or ACSM CERTIFIED PROFESSIONAL*
175	200	230	230	NASM STUDENT MEMBER* (ATTACH COPY OF STUDENT ID)
435	465	495	525	NON MEMBERS
	SINGLE DAY FEE			SEE PAYMENT INFORMATION BELOW

BEST VALUE!

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

CHOOSE ONE - DUE TO OVERLAPPING TIMES - ALL 3/25/09

- ❑ Worksite Health Promotion: From Policy to Practice
- ❑ Women's Health Across the Life Span
- ❑ The Final Chapter of Follow the Evidence, Not the Guru's

*NASM & 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®* (SIX ISSUES ANNUALLY) AND OTHER BENEFITS OF ACSM ALLIANCE MEMBERSHIP. **CALL 317-637-9200, EXTS. 136 OR 139** (M-F, 8-4:30 PM EST) WITH QUESTIONS.

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

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 OF POTENTIAL ROOMMATES FOR YOU TO CONTACT.

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

PAYMENT INFORMATION:

Summit Attendance Fee (circle amount from above) . . . . . .$ _____

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®

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|/|__|__|

CARD NUMBER EXPIRATION DATE: MO/YR

AUTHORIZED SIGNATURE _____

FOR IMMEDIATE ONLINE REGISTRATION: Go to www.ACSM.org/register. An online receipt and confirmation is generated upon completion of online registration process; Those paying with MasterCard® or Visa® 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 mail. PREREGISTRATION ENDS FEBRUARY 23, 2009. THEREAFTER, REGISTRATION WILL BE ACCEPTED ON-SITE. **GENERAL INFORMATION:** Please notify ACSM by February 23, 2009, 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 23, 2009. A $50 service charge will be applied to all cancellations. Refunds will not be issued to cancellations made after February 23, 2009. 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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