ACSM TEAM PHYSICIAN COURSE
AMERICAN COLLEGE of SPORTS MEDICINE

February 21-25, 2018

Sports Medicine Essentials – An Interactive Course

ACSM Team Physician℠ Course
San Diego • Sheraton San Diego Hotel & Marina

Register online…
www.acsm.org/tpc

Please print (register online at 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, Tel.: (317) 637-9200, Fax: (317) 634-7817, meeting@acsm.org

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 U.S.) _____ Tel./Business _____

Tel./Home _____ Fax _____

E-mail _____

By submitting this registration, you agree to receive occasional emails from ACSM sponsors and exhibitors. To opt-out from these emails, please email meeting@acsm.org.

SPECIALTY (check one)

❑ 1. Family Practice
❑ 2. Internal Medicine
❑ 3. Orthopaedic Surgery
❑ 4. Emergency Medicine
❑ 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 (Pre-registration ends February 8, 2018)

Check appropriate fee (payment must be in U.S. dollars).	Early Bird Registration by 1/4/18	Late Registration after 1/4/18
❑ Preconference Workshop (Basic Musculoskeletal Ultrasound) February 21, 2018	$150	$150

ACSM Team Physician℠ Course Registration Options

ACSM Members (Membership dues must be current at time of the meeting)		
❑ Physician	$505	$565
❑ Resident/Professional-in-Training Member, Physician Assistant, Nurse Practitioner, Athletic Trainer, and Other Allied Health Professionals	$405	$455
Non-Members (one year ACSM membership included)		
❑ Physician	$745	$805
❑ Resident/Professional-in-Training	$560	$610
❑ Physician Assistant, Nurse Practitioner, Athletic Trainer, and Other Allied Health Professionals	$645	$695
Special Offer		
❑ Active Military*	$300	$300
❑ Full time Students*	$300	$300

** Verification required. Please include a valid military email address or student ID or email a scanned copy of your ID (for students) to meeting@acsm.org.*

PAYMENT WORKSHEET (from above fee schedule)

Preconference Workshop Fee $_____

ACSM Team Physician℠ Course Fee $_____

Membership renewal (if applicable) $_____
See ACSM renewal categories/fees 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. 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 **Thursday, February 8, 2018.** Thereafter, registration will be accepted/processed on site. The Final Program will be available on site.

Please notify ACSM by January 8, 2018 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.

Image/Likeness/Voice Release: I understand and agree that, as a result of participating in the ACSM Team Physician℠ 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 February 8, 2018 or e-mailed to meeting@acsm.org by February 8, 2018. 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.**

***You must be a current National Member to pay Chapter dues.**

****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: All non-member registrants will receive a complimentary one year membership.

MUST BE COMPLETED BY ALL NON-MEMBER REGISTRANTS

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 Categories" online at www.acsm.org)
❑ 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 $33 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/FEES

- Professional/$240
- Resident/Professional-in-Training/$155

AMERICAN COLLEGE of SPORTS MEDICINE LEADING THE WAY

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