



ACSM's  
International  
Health &  
Fitness  
Summit

March 12-15, 2020  
Hilton Atlanta  
Atlanta, Georgia

Tel: (317) 637-9200  
ACSM  
Dept. 6022  
Carol Stream, IL 60122-6022



**NOTE:** Preregistration ends March 3. A \$50 processing fee will be applied to all onsite full conference registration fees.

		Register by 11/14/19	Register by 1/9/20	After 1/9/20
<b>Current ACSM Members</b>	<input type="checkbox"/> Member Registration ( <i>dues must be current at time of meeting</i> )	\$315	\$340	\$400
	<input type="checkbox"/> Student Member Registration ( <i>dues must be current at time of meeting</i> )	\$145	\$170	\$200
<b>ACSM Certified Professionals (non-ACSM Members)</b>	<input type="checkbox"/> Registration Only	\$395	\$420	\$480
	<input type="checkbox"/> Registration + Membership ( <i>includes one year ACSM Alliance Membership</i> )	\$394	\$419	\$479
<b>Non-Members</b>	<input type="checkbox"/> Registration Only	\$455	\$480	\$545
	<input type="checkbox"/> Registration + Membership ( <i>includes one year ACSM Alliance Membership</i> )	\$414	\$439	\$499
<b>Non-Member Students</b>	<input type="checkbox"/> Registration Only ( <i>expected graduation: (month) _____ (year) _____</i> )	\$165	\$190	\$220
	<input type="checkbox"/> Registration + Membership ( <i>includes one year ACSM Alliance Membership; open to students who have not been ACSM members in the past</i> )	\$155	\$180	\$210

### Registration and Badge Information (Please type or print clearly)

Preregistration ends 3/3/20

Do you have an ACSM ID#?  Yes (ID# \_\_\_\_\_)  No

Is this your first Summit?  Yes  No

Gender:  Male  Female Title:  Mr.  Mrs.  Ms.  Dr.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Name appearing on badge \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Is this a  home or  work address?

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Country (if not United States) \_\_\_\_\_

Tel./Home \_\_\_\_\_ Tel./Work \_\_\_\_\_

Tel./Cell \_\_\_\_\_

E-mail \_\_\_\_\_

(Required-meeting information will be e-mailed)

May we share your e-mail address with sponsors and exhibitors for two

Summit-related promotions?  Yes  No

Date of birth \_\_\_\_\_

Highest degree earned \_\_\_\_\_

### Major responsibility (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Health Fitness Instructor/<br>Personal Trainer | <input type="checkbox"/> 6. Physical Therapist/<br>Nutritionist/Nurse |
| <input type="checkbox"/> 2. Fitness Program/Wellness Program               | <input type="checkbox"/> 7. Student                                   |
| <input type="checkbox"/> 3. Cardiac Rehabilitation/Exercise Specialists    | <input type="checkbox"/> 8. Physician                                 |
| <input type="checkbox"/> 4. Club Owner/Manager                             | <input type="checkbox"/> 9. Athletic Trainer                          |
| <input type="checkbox"/> 5. Educator                                       | <input type="checkbox"/> 10. Other _____                              |

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

### If you have a current ACSM certification, please indicate your primary certification (choose one):

- Certified Personal Trainer® (ACSM-CPT)  
 Certified Exercise Physiologist (ACSM-EP)  
 Certified Clinical Exercise Physiologist (ACSM-CEP)  
 Other ACSM certification

### Payment information

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

Preconference . . . . . \$ \_\_\_\_\_

Membership renewal (*contact ACSM for student renewal fee*) . . . . . \$ \_\_\_\_\_

Students: expected graduation: (month) \_\_\_\_\_ (year) \_\_\_\_\_

Add Regional Chapter Membership (optional) . . . . . \$ \_\_\_\_\_

\$35 Professional/\$15 Student.

Optional donation to ACSM Foundation (*see reverse side*) . . . . . \$ \_\_\_\_\_

One day attendance fees: (*indicate day below*) . . . . . \$ \_\_\_\_\_

Thursday (\$90)  Friday (\$170)

Saturday (\$170)  Sunday (\$90) **Total** \$ \_\_\_\_\_

**Payment** (*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 |\_\_|\_\_|\_\_|\_\_|

Name on card \_\_\_\_\_

Authorized signature \_\_\_\_\_

(see reverse side)

**Cancellation policy:** Cancellations will be accepted if sent in writing via email to [meeting@acsm.org](mailto:meeting@acsm.org) or postmarked by March 3, 2020. A \$50 service charge will be applied to all cancellations. Refunds will not be issued to cancellations made after March 3, 2020. All refunds will be made after the meeting (membership dues are not refundable).

**Image/Likeness/Voice release:** I understand and agree that, as a result of participating in ACSM's International Health & Fitness Summit, 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.

**Summit Release:** I agree to hold harmless the American College of Sports medicine (ACSM), Health & Fitness 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.

**Reproductions or copying of data presented during the Summit is strictly prohibited.** This includes photography and capturing content via phone/video or any other devices.

**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.

**Membership:** ACSM membership is on an anniversary term. A portion of the dues is allotted to a yearly subscription of the member journal. Accepted membership applications are non-refundable. ACSM membership is individual based, thus you retain your membership even if you change employers.

**Non-Discrimination Policy:** ACSM's policy prohibits unlawful discrimination against any speakers and/or attendees based on race, color, religion, sex, age, national origin, disability, veterans and marital status, sexual orientation or any other factor prohibited by law.

**Session outlines:** a link will be e-mailed to you before the conference. Please print your outlines—paper outlines will not be available on site.