



## REGISTRATION FORM

### American Medical Society for Sports Medicine Research Workshop for Sports Medicine Fellows Bloomington, Minnesota July 31-August 2, 2009

Please complete and return the registration form – type or print legibly. Online registration is also available at [www.amssm.org](http://www.amssm.org). **The registration deadline is July 21, 2009.** After the deadline date, please call the AMSSM office availability. Register early! Meeting space is limited.  
**This course is available to sports medicine fellows only.**

<b>Last Name</b>		<b>First Name</b>		<b>Degree</b>	
<b>Fellowship Program/Fellowship Director</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone Number</b>		<b>Fax Number</b>			
<b>Email Address (PREFERRED)</b> _____		<input type="checkbox"/> Yes, I will attend the PRE-CONFERENCE STEM course on Friday, July 31. <input type="checkbox"/> Yes, I will attend the Mississippi River Cruse on Friday, July 31 from 6:30pm to 9:30pm. (NO CHARGE FOR PARTICIPANT) <input type="checkbox"/> I have an additional guest who will attend the Mississippi River Cruse on Friday, July 31 from 6:30pm to 9:30pm for a cost of \$50.00 <input type="checkbox"/> Yes, I will attend the Baseball Game on Saturday, August 1. <input type="checkbox"/> Do you have a physical or dietary requirement which requires accommodation in order to fully participate in the workshop? Please explain: _____ _____			
<b>Email Address (ALTERNATE)</b> _____					
<b>Registration Fee:</b> (Includes workshop, CD course syllabus, all meals, Friday and Saturday social events, and T-shirt) <input type="checkbox"/> \$150.00 – Fellows (Program Director is a member of AMSSM) <input type="checkbox"/> \$200.00 – Fellows (Program Director is <b>NOT</b> a member of AMSSM)					
<b>T-SHIRT SIZE:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large					
<b>Payment Method:</b> <input type="checkbox"/> Check made payable to AMSSM (Return check and completed registration form to AMSSM, 11639 Earnshaw, Overland Park, KS 66210) <input type="checkbox"/> Credit Card (Accept: Mastercard   Visa   Discover) Name on Credit Card: _____ Credit Card Number: _____ Expiration Date: _____					



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