

SIXTEENTH ANNUAL • DALLAS/FORT WORTH
SPORTS MEDICINE
SYMPOSIUM 2019



MARCH 29-31 • HILTON SOUTHLAKE TOWN SQUARE

REGISTRATION FORM

EARLY REGISTRATION DEADLINE - MARCH 18, 2019

Confirmation is sent via email to all registrants - please provide a valid email address when registering.

* Indicates required field

First Name*		MI		Last Name*			
Address*				Apt./Suite			
City*		ST		ZIP		Phone*	
Email*							
Workplace*							
Credentials*							
Special Requests	Indicate any dietary or other special requirements						

LAB SELECTIONS - IMPORTANT: Select 3 Saturday Labs

SATURDAY - Please choose 3 of the following 6 labs		
<input type="checkbox"/> A – Latter Stages of Return to Play	<input type="checkbox"/> D – Debunking Nutrition Myths	<input type="checkbox"/> G – Sideline Concussion
<input type="checkbox"/> B – The Brain Has a Leg Problem	<input type="checkbox"/> E – Knee Evaluation	<input type="checkbox"/> H – Balance and Reaction Time
<input type="checkbox"/> C – Sport Science	<input type="checkbox"/> F – Throwing Program	

TUITION FEES

Please check a box in each row, and write the amount in the far right column.

		AMOUNT
1. Select One*	<input type="checkbox"/> Physician: \$350 <input type="checkbox"/> PT, PTA, PA, OT: \$325 <input type="checkbox"/> AT, CSCS, Coach: \$225 <input type="checkbox"/> Pre-Symp. EBP ONLY : \$60	\$
2. Pre-Symposium EBP	<input type="checkbox"/> YES, I am registering and will attend: +\$50 (NOTE: if ONLY attending Pre-Symp. EBP, check box above, not here)	\$
3. Late Fee	<input type="checkbox"/> After 3/18/2019: + \$70	\$
TOTAL AMOUNT DUE		\$

Pay Method	<input type="checkbox"/> Check (payable to THSM) <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Money Order						
Name on Card				Signature			
Card #				Expiration		Code	
Billing Address						Zip	

Online: www.texashealth.org/sportsmedicinesymposium Fax: 817.250.7538

Mail: Texas Health Sports Medicine • 800 5th Ave, Suite 150 • Fort Worth, TX 76104

For additional information or questions: call 817.250.7517 Email SherryMiller@TexasHealth.org