

2009 Sports Medicine Update

COURSE REGISTRATION FORM

NAME _____

TITLE _____

Institution/Facility _____

Mailing Address _____

E-Mail _____

Phone _____

Conference Fees (Fee includes Continuing Education Units,
continental breakfast, lunch and reception)

_____ **Physician** \$70.00

_____ **Licensed Allied Health** \$50.00
(Athletic Trainer, Physical Therapist,
Physician Assistant, Nurse/Practitioner)

_____ **Non Licensed Allied Health** \$25.00
(Recent Graduate, Graduate Student, Current
Student Non-IUP)

_____ **Fee Waived**
(Program Speaker, Current IUP ACI,
Current IUP-ATEP Student)

Make Checks Payable to: IUP-CPAC

Mail Fee and Registration Form to:
Sports Medicine Update
C/O Ron Trenney
IUP, 202A Zink Hall
Indiana, PA 15705