

College Athletic Trainers' Society  
**2010 Spring Symposium for Athletic Trainers and Team Physicians**

May 13 – 15, 2010  
 Las Vegas, Nevada

**Please Print Clearly:**

(Circle: Mr / Mrs / Ms / Dr) Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address  Business  Home \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone No.(     ) \_\_\_\_\_ Home Phone No.(     ) \_\_\_\_\_

Email Address \_\_\_\_\_

Credentials (limit three) \_\_\_\_\_

College/University/Employer/Other \_\_\_\_\_

Official Job Title \_\_\_\_\_

Governing Body (i.e. NCAA, NAIA, NJCAA) \_\_\_\_\_ Division (i.e. IA, IAA, III) \_\_\_\_\_

ATCs Only:    BOC # _____ State License # _____ State _____
--

**Registration Fees:**

\* Attendance may be limited to 250 registrants due to space availability.  
 Early registration is strongly recommended.

	<b>Early Registration</b>	<b>Late Registration</b>	<b>Onsite Registration</b>
<input type="checkbox"/> <b>College/University Athletic Trainer</b> * Must be certified/licensed athletic trainer employed by college or university. * Includes one-year membership. If you are RENEWING your membership, please provide your membership number below to receive credit to your account.	Must be received by: <b>4/15/10</b>	Must be received by: <b>5/1/10</b>	Note: credit cards cannot be accepted on site
<input type="checkbox"/> <b>Physician</b> * Includes one-year membership	<b>\$ 155</b>	<b>\$ 180</b>	<b>\$ 225</b>
<input type="checkbox"/> <b>ATC, Fellow, Resident, Other Allied Healthcare Professional</b>	<b>\$ 325</b>	<b>\$ 350</b>	<b>\$ 350</b>
<input type="checkbox"/> <b>Current CATS Member (ATC)</b>	<b>\$ 205</b>	<b>\$ 230</b>	<b>\$ 275</b>
	<b>\$ 130</b>	<b>\$ 155</b>	<b>\$ 180</b>

**CATS Membership Number:** \_\_\_\_\_

\* Must provide to receive discount registration rate.  
 \* Membership number can be found logging onto your MyCATS on [www.collegethletictrainer.org](http://www.collegethletictrainer.org)

**Total Amount Enclosed:** \_\_\_\_\_

**Payment:**

**Make Check Payable to:** College Athletic Trainers' Society

**For Credit Card Payments:** Only available method is through PayPal ([www.paypal.com](http://www.paypal.com))

PayPal Instructions: Go to Send Money. Email: [bmurphy@collegeathletictrainer.org](mailto:bmurphy@collegeathletictrainer.org). Specify amount of payment. Type: Service.  
 Subject: CATS Spring Symposium. Note: Indicate registration category, i.e. CATS Member, Physician, etc.

For **credit card** payees only:

Please fax form to  
 Bob Murphy  
 CATS Treasurer  
 Fax: 404.413.4041

Mail **check** and registration form to:  
 College Athletic Trainers' Society  
 c/o Bob Murphy  
 P.O. Box 250325  
 Atlanta, GA 30325

Once faxed, please do not mail registration form.

For confirmation email: [bmurphy@collegeathletictrainer.org](mailto:bmurphy@collegeathletictrainer.org)