

College Athletic Trainers' Society
2012 Spring Symposium for Athletic Trainers and Team Physicians

May 17 – 19, 2012
 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 _____
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Registration Fees:

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

	Early Registration	Late Registration	Onsite Registration
<input type="checkbox"/> College/University Athletic Trainer * 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: 4/14/12	Must be received by: 5/1/12	\$ 155 \$ 180 \$ 225
<input type="checkbox"/> Physician * Includes one-year membership	\$ 325	\$ 350	\$ 350
<input type="checkbox"/> ATC, Fellow, Resident, Other Allied Healthcare Professional	\$ 205	\$ 230	\$ 275
<input type="checkbox"/> Current CATS Member (ATC)	\$ 130	\$ 155	\$ 180

CATS Membership Number: _____

* Must provide to receive discount registration rate.
 * Membership number can be found logging onto your MyCATS on
www.collegethletictrainer.org

Total Amount Enclosed: _____

Payment:

Make Check Payable to: College Athletic Trainers' Society

For Credit Card Payments: Go to www.collegethletictrainer.org/symposiums

For **credit card** payees only:
 Please fax form to
 Bob Murphy
 CATS Treasurer
 Fax: 404.413.4039

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@collegethletictrainer.org