

Registration Form

The Fourth Annual National Summit on Concussion and Other Sports Medicine Injuries



Sheraton Gateway Hotel Los Angeles
6101 West Century Boulevard
Los Angeles, CA 90045
Friday, May 14th, 2010

Registration:

To register for this conference, simply complete and return the form below. For assistance, please email **Daisy Lucero** at daisy.lucero@concussiontreatment.com or call (310) 643-9595.

(Please print legibly)

Name:		
Organization:		
Email:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Please indicate which afternoon session you wish to attend, according to preference:

- | | | | |
|--|-----|-----|-----|
| A.) Evaluation and Treatment of Orthopedic Sports Injuries | (1) | (2) | (3) |
| B.) Health and Safety in Youth and High School Athlete Populations | (1) | (2) | (3) |
| C.) Methods of Evaluating Concussion Outcomes | (1) | (2) | (3) |
| D.) Advancing Health and Safety Outcomes in Historically Female Sports | (1) | (2) | (3) |

The total cost of attendance for this conference is **\$150.00** per person.
Late Registration (after April 15th, 2010) fee: \$200.00

8 C.E.U.'s are available to A.T.C.'s.

Certification #:

7.5 C.M.E.'s are available to M.D.'s
Psychologists and Nurses.

Certification #:

Total Amount Enclosed: \$ _____

Method of Payment:

Check made payable to **Sports Concussion Institute**

Visa MasterCard

Credit Card Number: _____ Expiration Date: _____ 3 digit verification # _____

Name printed on card _____ Authorized Signature _____

Billing Address (if different than above)

Address _____ City _____ State _____ Zip _____

Please mail your check and completed registration form to:

Sports Concussion Institute
Attn: Daisy Lucero
5230 Pacific Concourse Dr., Suite 300
Los Angeles, CA 90045

Please email or fax your credit card info and completed registration form to:

daisy.lucero@concussiontreatment.com
Fax: (310) 643-5180
Attn: Daisy Lucero