## **REGISTRATION FORM**

Lakewood Orthopaedics & Sports Medicine

Advanced Education Seminar Saturday January 23, 2016 - Dallas, Texas Use this form to register by 469-341-5677 **FAX PHONE** 469-341-5676 MAIL LOSM - AES 1130 Beachview Rd., Suite 100 Dallas, TX 75218 **INFO** Name Address City State Work Phone Cell Phone Email Fax **CHECK APPROPRIATE BOX**  $\square_{\mathsf{DO}} \square_{\mathsf{PA}} \square_{\mathsf{NP}} \square_{\mathsf{PT}}$ EMT Coach TX AT Number # NATA Member # NATA Certification # AT College Student approved by curriculum director NATA# Director BADGE INFO - Name badges will be prepared from this information Name for Badge Institution City **EMERGENCY CONTACT INFORMATION** Contact Name Relationship Phone

Please check here if you require special assistance to

fully participate. Attach a written description of needs.

For LOSM use -	

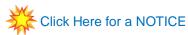
The Seminar will be held in the Gymnasium on the campus of Dallas Christian College.

Your registration confirmation will be emailed to you.

## **CANCELLATION AND REFUND POLICY**

Refund requests must be sent in writing (dburton@losmdfw.com if by email) to Lakewood Orthopaedics & Sports Medicine within 2 weeks of the seminar and will be processed no later than 2 weeks from receipt. Refunds will be issued in the same form as the payment received.

## **CONTINUING EDUCATION CREDITS**



Medical professionals who attend may earn up to 7 hours, or its conversion, of continuing education.

Athletic Trainers should be eligible for up to 7 CEU's.

TEA professional employees ae eligible for up to 6 Hrs. of credit depending on their teaching field.

Continuing Education Travel Seminars will handle the CEU credits. CETS is an approved provider for State of Texas TEA In-Service (CPE #902045). Credits may be possible under various organizations. Program has been submitted to Texas Athletic Trainer Advisory Board for approval.

Due to the interactive nature of this seminar, we reserve the right to limit participation to 100 attendees.

The speakers and/or subject matter may change due to circumstances beyond the control of the organizers, partners or sponsors. In an extreme case the event may have to be cancelled. We intend to honor the intent of this seminar, but sometimes life events intercede. We will do our best to preserve the seminar objectives.

Fill out these two (2) forms and mail form & payment to: Lakewood Orthopaedics & Sports Medicine - AES 1130 Beachview Rd. Suite 100 Dallas, TX 75218 or fax form to: 469-341-5677.

You may also call the office at 469-341-5676 and register over the phone with your credit card.

Other medical professionals (ex: AT, PT, PA, NP, etc.) \$45 \$45 \$\$ Ill others (ex: coaches, public, etc.) attending full day \$45 \$45 \$\$ Ill others only attending the afternoon concussion ession (no meals provided) College Student College Student must be a junior or senior AT student and registered by their curriculum director. COACHING / AT STAFF REGISTRATION You MUST register with one payment and list members individually) (Person in charge of the group should make ure all forms are completed and submit the group together. We must have page 1 of this form for each individual.) Cotaff of 3 to 5 members \$35 each \$36 ea	SEMINAR REGISTRATION	Advance Registration	On-Site Registration	FEE	
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	TOTAL DUE			\$	

If mailing form and paying by check, please make payable to: Lakewood Orthopaedics & Sports Medicine.

## **PAYMENT INFORMATION**

First Name	<u> </u>
Last Name	_
Billing Address	
City	
State Zip	
Credit / Debit Card Type:	Credit Card #:
Person's Name on Card:	Expiration Date:
	CVV2 Number: (Required for Visa, MasterCard, & Discover)
Signature:	