TEXAS CHAPTER OF THE
AMERICAN COLLEGE OF SPORTS MEDICINE

2012 Texas ACSM Annual Meeting
March 1-2, 2012
University of Texas J.J. Pickle Research Campus
Austin, TX

REGISTRATION FORM

Name:_____

Badge Name:_____
(Enter name as it should appear on your badge.)

Professional Affiliation (e.g., University, Hospital, etc.): _____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Home/Cell Phone:_____**Work:**_____

E-mail:_____

Highest Degree:_____ **FACSM:** ___Yes ___No **Gender:**_____Male_____Female

ACSM Interest Area ("X"one): _____Basic/Applied Science
_____Medicine
_____Education/Allied Health
_____Health Fitness Alliance

ACSM Occupation Code (enter <u>one</u> from below):_____ (All Students = 401)

101 Anatomist
102 Applied Physiologist
103 Biochemist
104 Biomechanist
105 Coach
106 Ergonomist
107 Exercise Biochemist
108 Exercise Physiologist
115 Kinesiologist
116 Sports Psych./Sociologist
117 Veterinarian
118 Other Basic/App. Sci
201 Cardiologist
202 Chiropractor
203 Dentist
204 Emergency Medicine
205 Family/General Practice
206 General Surgery
207 Internal Medicine
208 Neurologist
209 Neurosurgeon
210 OB/GYN
211 Ophthalmologist
212 Orthopaedic Surg.
213 Pediatrics
214 Physiatrist
215 Podiatrist
216 Psychiatrist
217 Radiologist
218 Other Medicine
301 Athletic Trainer
302 Kinesiotherapist
303 Health Educator
304 LPN
305 Nutritionist
306 Occupational Therapist
307 Optometrist
308 Physical Educator
309 Physical Therapist
310 Physician's Assistant
311 Registered Nurse
312 Respiratory Therapist
313 Other Health Care Spec.
401 Student
501 Health & Fitness Prof.

Membership Type ("X"one): _____Student
_____Professional-in-Training (Post-docs, Residents, etc.)
_____Professional
_____Physician

Registration Category (Please "X" the category that applies to you.):

_____ **#1: CURRENT** Texas ACSM member **REGISTERING** for the annual meeting **ONLY** (i.e., Texas ACSM membership is not due for renewal before March 1, 2012 or will be renewed through ACSM national before that date.).

_____ **#2: CURRENT** Texas ACSM member **REGISTERING** for the annual meeting and **RENEWING** Texas ACSM membership at this time.

_____ **#3: NON-**Texas ACSM member **REGISTERING** for the annual meeting.*#

Based on your membership type and registration category, determine and circle your appropriate registration fee on the table below. NOTE: ACSM members with emeritus status should contact Dr. Chris Hearon at Christopher.Hearon@tamuk.edu or 361-593-3048 for registration information.

Category #1: TACSM member, meeting registration only.	***Pre-registration Postmarked by 2/17/12***	***On-Site Registration***
Student	*$20*	*$35*
Professional-in-Training	*$35*	*$65*
Professional	*$65*	*$95*
Physician	*$130*	*$160*
Category #2: TACSM member, meeting registration and membership renewal.	***Pre-registration Postmarked by 2/17/12***	***On-Site Registration***
Student	*$35*	*$50*
Professional-in-Training	*$50*	*$80*
Professional	*$100*	*$130*
Physician	*$165*	*$195*
Category #3: Non-TACSM member, meeting registration.	***Pre-registration Postmarked by 2/17/12***	***On-Site Registration***
Student#*	*$ 20*	*$35*
Professional-in-Training#	*$50*	*$80*
Professional#	*$100*	*$130*
Physician#	*$165*	*$195*

*Students registering for their first TACSM conference receive their first year of TACSM membership free.
#Fee includes TACSM membership for one year.

_____**Yes** _____**No** Do you require any special assistance and/or dietary restriction to fully participate in this conference? If you replied "YES," a TACSM staff member will contact you prior to the meeting to discuss accommodations.

For **PRE-REGISTRATION**, please mail completed registration form and cash, check or money order (payable to TACSM) for the appropriate amount to: **C.M. Hearon, Ph.D., FACSM**
TACSM Executive Director
Texas A&M University-Kingsville
700 University Blvd. (MSC 198)
Kingsville, TX 78363-8202

PRE-REGISTRATIONS MUST BE POSTMARKED BY FEBRUARY 17, 2012. PRE-REGRISTRATIONS POSTMARKED AFTER THIS DATE WILL NOT BE PROCESSED.