2020 Registration Form

Mail form and check to: GLATA PO Box 1202 Bowling Green, OH 43402 **Great Lakes Athletic Trainers Association Annual Meeting and Clinical Symposium** March 11 - 14, 2020 · Wheeling, IL

Please check here if you require special assistance to fully participate. Attach a written description of your needs.



PLEASE PRINT CLEARLY

| Name | | | NATA Member Number | | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|-----------------------|----------------------|
| Address | | | Work Phone | | |
| City State Zip | | | Home Phone | | |
| BADGE INFO: PLEASE TYPE OR P. | RINT CLEARLY AS NAME BADGE WILL | BE PRINTED FROM THIS INFOI | | | |
| Nickname for Badge | | | E-mail | | |
| Credentials (Limit 2) | | | Spouse (only if attending) | | |
| nstitution | | | NPI Number | | |
| | State | | | | |
| Symposium Reg Your current NATA | gistration membership status must | t match the category | for which you a | re registering. |] |
| Postmark Date | | 2/18/20 | 3/1/20 | On-Site | |
| Member | | \$130.00 | | | \$ |
| Non-Member | | \$195.00 | | | \$ |
| Certified Student | | \$100.00 | | | \$ |
| Certified Student Non-Member | | \$125.00 | | | \$ |
| Student Member | | \$75.00 | \$85.00 | \$95.00 | \$ |
| Student Non-Membe | er | | \$95.00 | | \$ |
| Mini course information | nini course(s) you wish to at n & prices available at <u>www</u> e registration after 3/1/20 ado A | d \$50.00. On-site regis | registration after tration IF AVAIL | 2/18/20 | \$ \$ \$ \$ |
| ticket (includes con | aiser – Friday, March 1 nplementary glass and X \$25.00 | | | | \$ |
| | | |] | Fotal Enclosed | \$ |

GLATA USE ONLY Date: _____ Check # _____ Total _____

Credit Card: Master Card _____ Visa ____ Discover _____ AE _____

Registration Form Instructions

Please read these instructions before completing the registration form. Please print clearly when completing the form.

PLEASE MAKE A COPY OF THE REGISTRATION FORM IF A RECEIPT IS NEEDED.

GENERAL

Full registration fees must accompany this form in order to be processed. **Please make checks payable to GLATA.** Only one individual may register per form. Please photocopy if additional forms are needed. By registering for the annual GLATA Meeting and Clinical Symposium, I grant GLATA the right to use photos taken during the meeting that might include my image for any advertising, trade or commercial purposes. E-mail addresses may also be shared with GLATA sponsors and exhibitors.

Name badges will be printed from the information submitted on this form and will not be reprinted on site unless GLATA has made a typographical error.

Replacement Badge Policy: When a registrant badge is lost, he or she will be asked to show proof of identification and pay \$10.00 for a replacement badge. After verifying the attendee has registered and paid, GLATA staff will issue a new badge.

SYPOSIUM REGISTRATION

Please check only one box and enter the appropriate amount in the right-hand column. Your registration fee admits you to all sessions except those for which special registration is required. Advanced registration must be postmarked by February 18, 2020, to receive the discount. *On-site registration will be available by cash, check or credit card*. Identification will be required to pick up your registration packet. Registration material picks up and on-site registration will only be available during posted registration hours.

Retired Certified/Honorary: This category applies to all current NATA retire certified or honorary members in District 4.

MINI COURSE REGISTRATION

Please refer to the enclosed program for individual course descriptions, dates and times. Please circle the letter of the course(s) you wish to attend and enter the appropriate amount in the right-hand column. Space for these courses is limited and registration will be on a first-come, first-served basis on receipt of full payment. All mini course refund requests must be made within 15 days of conclusion of meeting. GLATA reserves the right to cancel mini courses due to low enrollment.

CANCELLATION/REFUND POLICY

All refund requests must be made to the GLATA Registration Director to the address below within 10 days of the conclusion of the meeting. Refund requests not received within 10 days will not be processed. No refunds will be processed on-site. Refunds will be made within 30 days after receipt. There will be a \$10.00 cancellation fee.

PLEASE ADD ALL THE AMOUNTS ENTERED IN THE RIGHT-HAND COLUMN AND ENTER THE AMOUNT DUE AT THE BOTTOM OF THE COLUMN.

PLEASE MAKE A COPY OF REGISTRATION FORM IF A RECEIPT IS NEEDED.

REGISTRATIONS WILL NOT BE PROCESSED UNTIL FEES ARE RECEIVED IN FULL BY GLATA.

THERE WILL BE A \$30.00 CHARGE FOR CHECKS RETURNED DUE TO INSUFFICIENT FUNDS.

REGISTRATION HOURS

- 3-11-20
 2:00 pm 5:00 pm

 3-12-20
 8:00 am 3:30 pm
- 3-13-20 7:00 am 12:00 pm

RETURN TO: GLATA PO Box 1202 Bowling Green, OH 43402