

Current Concepts & Treatment in the Rehabilitation of the Athlete

Saturday, July 26, 2008 • Hyatt Regency Crown Center • Kansas City, Missouri

1 Please Print

Title (Mr., Mrs., Ms., Dr.) _____ Full name (First, MI, Last, Suffix) _____

E-mail _____

Priority code (Please copy this code located above your name on the mailing label.) _____

Credentials _____ Specialty _____

Physician Nurse Therapist Trainer Resident Allied Health (please specify) _____

Other Healthcare Professional (please specify) _____

Institution or firm _____

Address (Home or Work) _____

City, State, ZIP _____ Fax (_____) _____

Daytime phone (_____) _____ Evening phone (in case of last minute event changes) (_____) _____

Please include my information on the participant roster. Please do not include my information on the participant roster.

2 Fees

Physician \$150

Nurse, therapist, trainer, allied health..... \$125

Other healthcare professional \$125

KU Medical Center faculty, staff, resident \$70

KU Medical Center student..... \$45

Total due \$ _____

3 Payment

Check enclosed. **Make payable to KU Medical Center.**

Charge to: MasterCard VISA (no other cards accepted)

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4 Preferred Means of Communication

Please continue to send KUCE information by (check all that apply):

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5 Easy Ways to Register

Mail Complete the registration form and mail with payment to:
The University of Kansas
Continuing Education
Registrations
1515 St. Andrews Drive
Lawrence, Kansas 66047-1625

Phone Toll-free 877-404-KUCE (5823)
or 785-864-KUCE (5823)

Fax 785-864-4871

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(keyword: sports medicine)



Special Accommodation

If you will need special accommodation, please mark the box above, and a member of the Continuing Education staff will contact you.
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Program Accessibility

We accommodate persons with disabilities. Please call 785-864-5823, or mark the space on the registration form, and a KU Continuing Education representative will contact you to discuss your needs. To ensure accommodation, please register at least two weeks before the start of the Sports Medicine symposium.

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age, disability, and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status, and parental status.

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Refund/Cancellation Policy

A full refund of registration fees, less a \$15 administrative fee, will be available if requested in writing and received by July 18, 2008. No refunds will be made after that date. A \$30 fee also will be charged for returned checks. **(Please note that if you fail to cancel by the deadline and do not attend, you are still responsible for payment.)** KU Continuing Education reserves the right to cancel the Sports Medicine symposium and return all fees in the event of insufficient registration. The liability of the University of Kansas is limited to the registration fee. The University of Kansas will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.