

Conference Registration Instructions



Spaces at the 14th Annual Meeting and A Day for Teachers are limited. Register early!

Please read these instructions and complete the registration form (pages 2 & 3) to apply for a place at the 14th Annual Meeting of IADMS, October 15-17, 2004 and at "A Day for Teachers," October 14, 2004.

INSTRUCTIONS

1. Complete a separate registration form for each person registering.
2. Enter only one (1) address in the space below. We cannot keep records of multiple addresses for delegates. The address you list will be the one to which we will send correspondence and which will be listed in the Delegate Contact Sheet distributed at the conference
3. Enter your name EXACTLY as you would like it to appear on your name badge and meeting certificate (space limitations may apply).
4. Complete all fields on both pages on your computer, and then print the form.
5. Sign the credit card authorization.
6. **Mail the form to Saint Francis Memorial Hospital at the address on page 3 or fax to +1 415-353-6846**

REGISTRATION FEES

A Day for Teachers fee is \$85. A Day for Teachers fee is \$75 if you also register for the Annual Meeting
IADMS uses a sliding scale to assess **Annual Meeting** fees. Profession and membership tenure are both considered. The duration of continuous membership is rewarded. See the Registration Fees Table on the next page for a complete breakdown of fees. Identify your professional category and your membership year. If you are a member for 2004 your **membership year** (e.g., 04, 03, 02, 01) appears above your name in the address label on your IADMS Meeting Brochure and IADMS Newsletters.

Presenters receive a 25% discount off the regular fee **if they register by Sept 1, 2004.**

If you are not an IADMS member (or have not yet renewed for 2004) and would like to apply for membership to receive the reduced registration fee, you must do so **BEFORE SEPTEMBER 15, 2004.** Find complete membership application details and process your membership at www.iadms.org. IADMS membership applications or renewals received after September 15, 2004 will not qualify for conference registration discounts.

SPECIAL NOTES

Medical and health professional student registration requires written proof of student status. Medical resident or registrar registration requires written proof of status from the director of the training program.

Dance graduate student registration requires written proof of student status from the department chairperson.

Early Registration: You will receive a \$40 discount if you register before September 15, 2004.

Cancellation: Refunds (minus a \$75 cancellation fee) will only be made for cancellations received in writing by October 1, 2004. There will be no refunds or cancellations made after October 1, 2004.

Registrations will be accepted through Friday, October 8, 2004. After that date delegates must register on-site. **A surcharge of \$25 will be added to all on-site registrations.**

IADMS membership year ('04 & '03 versus '02 & prior) can be found directly above the member name on IADMS newsletter and IADMS meeting brochure mailing labels.

Conference Registration Form

Mr./Ms. **IADMS Member Number** (if applicable)

First Name **Middle Initial**

Last Name

Degrees (e.g., PT, PhD, MD, MS, etc.)

Job Title (optional)

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Telephone Numbers
(include country code)

Daytime

Evening

Fax

Cellular

Email

Registration Fees Table for the 14th Annual Meeting

CIRCLE YOUR FEE	Non-Member	IADMS Member '04 & '03	IADMS Member '02 & Prior
1. Physicians, osteopaths, chiropractors, podiatrists, and other medical doctors (MD, DO, DPM, DC)	\$440	\$375	\$320
2. Physical therapists and other health professionals (ATC, LMT, RN, RD)	\$330	\$280	\$240
3. Dance: educators, teachers, researchers, scientists & other dance professionals	\$275	\$245	\$215
4. Students in category 1 or 2, medical residents and registrars (with proof of status)	\$210	\$180	\$155
5. Dancers, dance students, students in category 3 (with proof of status)	\$160	\$140	\$120

A Day for Teachers Fee is \$85. Fee is \$75 if added to Annual Meeting registration.

Conference Registration Form

- | | | |
|------------------------------------|-----------|--|
| 1. IADMS Meeting Fee | \$ | Enter your fee from table on previous page
(Student presenters pay no fee) |
| 2. Early Registration Discount | \$ – | Enter \$40 if your registration will
be <u>received</u> by September 15, 2004 |
| 3. <u>Sub-total</u> | \$ | (Subtract line 2 from line 1) |
| 4. Presenter's Discount | \$ – | Presenters, enter 25% of sub-total (line 3)
if fees will be <u>received</u> by September 1, 2004 |
| 5. A Day For Teachers Fee | \$ | |
| 6. Partners Tour 1 (Sonoma) | \$ | Enter number of persons: |
| 7. Partners Tour 2 (Hollywood) | \$ | Enter number of persons: |
| 8. Student Travel
Fund Donation | \$ | <i>Please consider making a donation to the
Student Travel Fund, which provides stipends
to help developing researchers present their
work at IADMS conferences.</i> |
| <u>Total Due</u> | \$ | (Add lines 3, 5, 6, 7 & 8, then subtract line 4) |

I enclose a check drawn on a US bank & payable in US dollars to St. Francis Memorial Hospital

I authorize Saint Francis Memorial Hospital to charge my credit card:

Expiration Date: Month/Year

Visa Mastercard

X _____
Signature (as it appears on card)

REVISED 7/8/04

Please send this form to:

Additional comments (Press 'Tab' when finished):

**Ralph Requa Attn: IADMS
Saint Francis Memorial Hospital
Center for Sports Medicine
900 Hyde Street, 11th Floor
San Francisco, CA 94109
USA**

Fax: +1 415-353-6846

Phone: +1 415-353-6867