



ACSM's
International
Health &
Fitness
Summit

March 21-24, 2019
Hilton Chicago
Chicago, Illinois

Tel: (317) 637-9200 • Fax: (317) 634-7817
ACSM
Dept. 6022
Carol Stream, IL 60122-6022
Register online... acsmsummit.org

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		Register by 1/10/19	After 1/10/19
NOTE: Preregistration ends March 12. A \$50 processing fee will be applied to all onsite full conference registration fees.			
Current ACSM Members	<input type="checkbox"/> Member Registration <i>(dues must be current at time of meeting)</i>	\$340	\$400
	<input type="checkbox"/> Student Member Registration <i>(dues must be current at time of meeting)</i>	\$170	\$200
ACSM Certified Professionals (non-ACSM Members)	<input type="checkbox"/> Registration Only	\$420	\$480
	<input type="checkbox"/> Registration + Membership <i>(includes one year ACSM Alliance Membership)</i>	\$419	\$479
Non-Members	<input type="checkbox"/> Registration Only	\$480	\$545
	<input type="checkbox"/> Registration + Membership <i>(includes one year ACSM Alliance Membership)</i>	\$439	\$499
Non-Member Students	<input type="checkbox"/> Registration Only <i>(expected graduation: (month) _____ (year) _____)</i>	\$190	\$220
	<input type="checkbox"/> Registration + Membership <i>(includes one year ACSM Alliance Membership; open to students who have not been ACSM members in the past)</i>	\$180	\$210
Preconference events			
3/21/19			
<i>(choose one due to overlapping times)</i>			
Full Day			
	<input type="checkbox"/> Keiser® Foundations	Professional \$175	Student \$85
	<input type="checkbox"/> TriggerPoint™ Myofascial Compression™ Techniques: The Evolution of Foam Rolling	\$175	\$85
Half Day			
	<input type="checkbox"/> IAWHP: The Expansion of Worksite Health Promotion: Integration, Improvement, and Impact	\$100	\$50
	<input type="checkbox"/> Career Development and Leadership	\$100	\$50
	<input type="checkbox"/> Functional Movement Systems: Identifying and Tackling Mobility Issues	\$100	\$50
Forum event	<input type="checkbox"/> Student Accelerator: Connect, inform, and inspire - A toolkit to growing your presence in the fitness industry. <i>(Requirements: 1. Students must register for the Summit to be eligible for the forum</i>		
3/21/19	<i>2. Students must show their student ID at the door for entry)</i>	NA	Free

Registration and Badge Information *(Please type or print clearly)*

Preregistration ends 3/12/19

Do you have an ACSM ID#? Yes (ID# _____) No

Is this your first Summit? Yes No

Gender: Male Female Title: Mr. Mrs. Ms. Dr.

First name _____

Last name _____

Name appearing on badge _____

Institution _____

Address _____

Is this a home or work address?

City _____ State _____ Zip code _____

Country (if not United States) _____

Tel./Home _____ Tel./Work _____

Tel./Cell _____

E-mail _____

(Required-meeting information will be e-mailed)

May we share your e-mail address with sponsors and exhibitors for two Summit-related promotions? Yes No

Date of birth _____

Highest degree earned _____

Major responsibility (check one)

- | | |
|--|---|
| <input type="checkbox"/> 1. Health Fitness Instructor/
Personal Trainer | <input type="checkbox"/> 6. Physical Therapist/
Nutritionist/Nurse |
| <input type="checkbox"/> 2. Fitness Program/Wellness Program | <input type="checkbox"/> 7. Student |
| <input type="checkbox"/> 3. Cardiac Rehabilitation/Exercise Specialists | <input type="checkbox"/> 8. Physician |
| <input type="checkbox"/> 4. Club Owner/Manager | <input type="checkbox"/> 9. Athletic Trainer |
| <input type="checkbox"/> 5. Educator | <input type="checkbox"/> 10. Other _____ |

Would you like a roommate? Yes No If yes, we will forward a list in early February of potential roommates for you to contact.

Students: Are you interested in the Student Volunteer Program?

Yes No *(See reverse side)*

Session outlines: a link will be e-mailed to you before the conference. Please print your outlines—paper outlines will not be available on site.

Payment information

Summit Attendance Fee \$ _____

Preconference \$ _____

Membership renewal *(contact ACSM for student renewal fee)* \$ _____

Students: expected graduation: (month) _____ (year) _____

Add Regional Chapter Membership (optional) \$ _____

\$35 Professional/\$15 Student.

Optional donation to ACSM Foundation *(see reverse side)* \$ _____

One day attendance fees: *(indicate day below)* \$ _____

Thursday (\$90) Friday (\$170)

Saturday (\$170) Sunday (\$90) **Total** \$ _____

Payment *(Payment must accompany form; U.S. dollars only. ACSM Federal I.D. #23-6390952)*

Check enclosed—\$25 fee for returned checks

Mastercard® Visa® Discover® American Express®

Card number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiration date (mo/yr) |__|__|/|__|__| Security code |__|__|__|__|

Name on card _____

Authorized signature _____

(see reverse side)

Cancellation policy: Cancellations will be accepted if sent in writing via email to meeting@acsm.org or postmarked by March 12, 2019. A \$50 service charge will be applied to all cancellations. Refunds will not be issued to cancellations made after March 12, 2019. All refunds will be made after the meeting (membership dues are not refundable).

Image/Likeness/Voice release: I understand and agree that, as a result of participating in ACSM's International Health & Fitness Summit, my image, likeness or voice may be recorded by photography, video or other medium. I hereby grant irrevocable and unrestricted permission to ACSM and its representatives or assignees to use my image, likeness or performance in any medium and for any purpose. I hereby waive any right to inspect or approve such use or materials. Your submission of this form acknowledges acceptance of these terms.

Summit Release: I agree to hold harmless the American College of Sports medicine (ACSM), Health & Fitness presenters, sponsors and staff, from any and all liability arising out of workouts or activity sessions at this event. This includes, but is not limited to: muscle strains, tears, pulls, broken bones and illness or loss to my person or property. I understand the risks involved in participation in interactive, strenuous activity and attest that I am in sound physical condition. Your submission of this form acknowledges acceptance of these terms.

Reproductions or copying of data presented during the Summit is strictly prohibited. This includes photography and capturing content via phone/video or any other devices.

Student Volunteer Program: Calling all students! Volunteers are needed to assist with a variety of tasks including registration duties, restocking inventory, assisting with sessions, etc. Shifts are a minimum of four hours long, and student volunteers will receive a refund of 1/2 the student registration fee post meeting! If you are interested, please check the appropriate box on this form. Students will be contacted on a first-come, first-serve basis, so be sure to register early! **(Limited number of slots available)**

Optional Donation to ACSM Foundation. This denotes an unrestricted contribution. ACSM did not provide goods or services (in whole or in part) in consideration for the above gift.

Membership: ACSM membership is on an anniversary term. A portion of the dues is allotted to a yearly subscription of the member journal. Accepted membership applications are non-refundable. ACSM membership is individual based, thus you retain your membership even if you change employers.

Non-Discrimination Policy: ACSM's policy prohibits unlawful discrimination against any speakers and/or attendees based on race, color, religion, sex, age, national origin, disability, veterans and marital status, sexual orientation or any other factor prohibited by law.