PRE-REGISTRATION FOR THE 2010 ANNUAL MEETING
Southeast Chapter of the American College of Sports Medicine

Go to www.seacsm.org click on the Annual Meeting and register on-line, whether or not you plan to pay by personal or organization check or credit card. This saves us administration time.

You can either send a check or pay by credit or debit card using our PayPal account.

Pre-registration Deadline: **February 1, 2010** *Please register early* ***(and On-line).***

Hotel Reservations: Contact the Hyatt Regency Greenville, SC at 800-233-1234 by **January 21** to receive meeting rate.

Please type or print clearly.

Name: _____
(Last) (First)

Institution/Business: _____

Mailing Address: _____

Students: Please use permanent address so mail will reach you next year.

_____

_____
City State Zip

Office Phone: (____)_____ Email Address: _____

Name to Use for Badge: _____

FEES: Circle all that apply.	Professional	Student	Professional Non-ACSM Member
Preregistration Fee*: (***Circle One***)	$ 75	$ 40	$ 75
SEACSM Membership Fee** (***Required***)	**35**	**15**	**45**
Women's Breakfast (Optional)	20	10	20
Saturday Luncheon (Optional)	10	5	10
On-Line Payment Fee	4	3	4
TOTAL AMOUNT = please add	_____	_____	_____

Check Number = _____

*** Non-transferable, Non-refundable** **Must be a current SEACSM Member.
If SEACSM Membership was paid through national, please check ___. This will be verified.
Indicate **National ACSM** Membership: **___Professional ____Student ___FELLOW** _____
Membership Number

SEACSM Emeritus Member ( )
If Student: ( )Grad ( )Undergrad ( ) Clinical Fellow

Occupation/Field: _____

Degree(s) Held: _____

CHECKS ***made payable to* SEACSM *must accompany this form if you choose to mail your registration.***

Mail to: SEACSM
Pegram Hall 115
Winston-Salem State University
Winston-Salem, NC 27110

Phone: 336-750-2110/750-2430
Federal EIN: 35-1771465

Returned check fee is $25.