PRE-REGISTRATION FOR THE 2016 ANNUAL MEETING
Southeast Chapter of the American College of Sports Medicine

Go to www.seacsm.org click on Conferences and 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 5. Please register early (and On-line).**
Hotel Reservations: Contact the **HYATT REGENCY Greenville** 864.235.1234 by **January 27** to receive meeting rate.

Please type or print clearly.

Name: ____________________________________________ (Last) (First)
Institution/Business: ________________________________________________________________
Mailing Address: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
City    State    Zip

Office Phone: (____)_________ Email Address: ________________________________

Name to Use for Badge: __________________________

I am attending the Clinical Track exclusively: _____

**FEES:** Circle all that apply. Professional/Clinical  Student  Professional Non-ACSM Member

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Professional/Clinical</th>
<th>Student</th>
<th>Professional Non-ACSM Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preregistration Fee*: (Circle One)</td>
<td>$100</td>
<td>$40</td>
<td>$100</td>
</tr>
<tr>
<td>SEACSM Membership Fee** (Required)</td>
<td>35</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Mentoring Breakfast (Optional)</td>
<td>26</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Saturday Luncheon (Optional)</td>
<td>10</td>
<td>5</td>
<td>10</td>
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<tr>
<td>On-Line Payment Fee</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**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. You should also bring verification to the meeting.

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  
Blair Hall 205  
Winston-Salem State University  
Winston-Salem, NC  27110  

Phone: 336-750-2110/750-2320  
Federal EIN: 35-1771465  

Returned check fee is $35.