

NOTE: Pre-registration ends May 21. A \$50 processing fee will be applied to all professional onsite registration fees.
 Register at www.acsm.org for best service.

	Register by 3/12/19	Register by 4/18/19	Register by 5/21/19
Current ACSM Members <i>(dues must be current at time of meeting)</i>			
<input type="checkbox"/> Professional, Fellow	\$230	\$265	\$335
<input type="checkbox"/> Single day rate (day attending _____)	\$150	\$150	\$150
<input type="checkbox"/> Professional-in-Training	\$205	\$240	\$310
<input type="checkbox"/> Single day rate (day attending _____)	\$150	\$150	\$150
<input type="checkbox"/> ACSM student members	\$100	\$110	\$120
<input type="checkbox"/> Single day/student rate (day attending _____)	\$ 45	\$ 45	\$ 45
<input type="checkbox"/> ACSM Alliance members	\$480	\$515	\$585
<input type="checkbox"/> Single day rate (day attending _____)	\$185	\$185	\$185
Join ACSM now! (first time members) <i>(fee includes ACSM membership and meeting registration fees) Must complete back of form</i>			
<input type="checkbox"/> Professional	\$470	\$505	\$575
<input type="checkbox"/> Professional-in-Training	\$360	\$395	\$465
<input type="checkbox"/> Student	\$110	\$120	\$130
<input type="checkbox"/> Non-member Professional	\$480	\$515	\$585
<input type="checkbox"/> Single day rate (day attending _____)	\$185	\$185	\$185
<input type="checkbox"/> Non-member Student (student ID required; expected graduation: (month) ____ (year) ____)	\$120	\$135	\$150
<input type="checkbox"/> Single day/student rate (day attending _____)	\$ 75	\$ 75	\$ 75

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

Membership ID# _____

Name appearing on badge _____

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

First name _____

Last name _____

Institution _____

Address _____

Is this a home or work address?

City _____ State _____ Zip code _____

Country (if not United States) _____

Tel./Home _____ Tel./Work _____

Fax _____

E-mail _____

(Required—meeting information will be e-mailed)

Date of birth _____

Highest degree earned _____

Is this your first Annual Meeting? Yes No

One registration applies for all meetings *(indicate your primary interest)*

World Congress on The Basic Science of Exercise, Circadian Rhythms and Sleep

World Congress on Exercise is Medicine®

ACSM Annual Meeting

Primary Area of Interest?

Applied Science Education Allied Health

Basic Science Medicine

Based on attendee feedback, ACSM will only print the large final program book by request. To order a printed copy, check the box below and pay the \$15 fee. Final programs will be distributed onsite at registration.

As in years past, the program information will be available online in PDF format, via the on-line program planner and on the mobile app.

I prefer a printed version of the Final Program. My \$15 payment is included in the Payment Information section.

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

Payment information

Registration fee *(from fee schedule above)* \$ _____

Extras

\$25 additional badge fee for guest. \$ _____

(limited to exhibits, social events, Wolfe Lecture)

Guest name _____

Students: Graduate and Early Career Day & Lab Fair (May 28) ___ qty *(No charge)*

Banquet ticket (May 31) ___ qty @ \$80 each *(before 5/21/19)*. . . \$ _____

Students: Meet the Expert Session Lunch *(limited to 85 students)* (May 31) ___ qty @ \$5 each \$ _____

Printed final program @ \$15. \$ _____

Membership renewal. \$ _____
 Students: expected graduation: (month) ____ (year) ____

Add Regional Chapter Membership (optional) \$ _____
 \$35 Professional/\$15 Student

Optional donation to ACSM Foundation *(see reverse side)* . . \$ _____
 Extra fees (from above) \$ _____

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)

Becoming a new member? Then complete this section too.

By using this form, you agree to review the complete ACSM code of ethics online at www.acsm.org/ethics. This form serves as your membership application. Please do not submit a membership application apart from this form.

Have you been a member of ACSM previously? Yes (if yes, please list your previous ID# _____) No

Membership Category: Professional Professional-in-Training Undergraduate Student Graduate Student

Students: Expected graduation month _____ year _____

Occupation code: _____ Area of interest: _____ Highest degree earned: _____

I affirm the statements made by me on this application are correct and that I meet the requirements for the membership category I have requested. If choosing Professional, Professional-in-Training, Graduate Student, or Undergraduate Student categories, I understand that \$33 of my membership dues is allocated to a year's subscription to *Medicine & Science in Sports & Exercise*®. I have read and agree to abide by the code of ethics and professional conduct of the American College of Sports Medicine.

Signature: _____ Date: _____

Registration information

Registration fees include all meetings. For immediate registration, register online at www.acsm.org. An online receipt and confirmation will be generated upon completion of your online registration. You may fax this form to (317) 634-7817 if paying with MasterCard®, Visa®, Discover® or American Express®. Faxed forms are considered originals—do NOT mail a duplicate copy; As an alternative, mailed registrations may be sent to ACSM, Department 6022, Carol Stream, IL 60122-6022. Mailed registrations may take up to four weeks for processing and confirmations will be emailed to registrants. Pre-registration ends May 21, 2019. Thereafter, registrations will be accepted onsite with a \$50 processing fee.

Please notify ACSM by April 1, 2019 if you need any special accommodations as a result of disability. The planners and sponsors of this event claim no liability for the acts of any suppliers to this meeting, nor for the safety of any attendee at or while in transit to this event. The planners and sponsors reserve the right to cancel this event without penalty.

Attendees who purchase non-refundable airline tickets, do so at their own risk. The total amount of any liability of the planners and sponsors will be limited to a refund of the registration fee. Your submission of this form acknowledges acceptance of these terms. **Accepted membership applications are not refundable.**

Cancellation policy: Cancellations will be accepted if sent in writing to the ACSM National Center and postmarked or e-mailed to meeting@acsm.org by April 18, 2019. A service charge of \$50 will be applied to all cancellations. Refunds will not be issued for cancellations made after April 18, 2019.

CECs/CMEs (Continuing education credits and continuing medical education credits): Registered attendees will be provided a link to access and print their credit verifications following the conference. Spouses, exhibitors, and media must register for the meeting to be eligible for credit.

Non-members: Take advantage of the discounted “New ACSM Member” rate by registering as a new member. This fee includes conference fee and membership dues. Important information for new members: ACSM Membership is anniversary year (e.g., join May, renew the following May). **Accepted membership applications are not refundable.**

Image/Likeness/Voice release: I understand and agree that, as a result of participating in an ACSM Conference, 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.

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

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.

Grievance Policy: As a membership organization, it is vital that we be responsive and sensitive to all of our constituents. Communication of any grievance is reported to the Meetings Department Director for resolution.

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 Area of Interest

Basic and Applied Science: Fundamental and practical applications in teaching research and clinical settings, which encompass the disciplines of exercise physiology, biochemistry, motor control psychology, athletic medicine, sociology of sport, rehabilitation, and growth and development.

Medicine: A person who is licensed to practice medicine and/or surgery, or possesses an equivalent licensure, and whose main occupation is the actual practice of a licensed profession.

Education and Allied Health: A primary portion of his/her work is in the teaching of others; or a primary portion of his/her work is to carry out a health-related function under physician guidance or prescription.

Membership Occupation Codes

101 Anatomist	202 Chiropractor	301 Athletic Trainer
102 Applied Physiologist	203 Dentist	302 Kinesiotherapist
103 Biochemist	204 Emergency Medicine	303 Health Educator
104 Biomechanist	205 Family/General Practice	304 LPN
105 Coach	206 General Surgery	305 Nutritionist
106 Ergonomist	207 Internal Medicine	306 Occupational Therapist
107 Exercise Biochemist	208 Neurologist	307 Optometrist
108 Exercise Physiologist	209 Neurosurgeon	308 Physical Educator
115 Kinesiologist	210 OB/GYN	309 Physical Therapist
116 Sports Psychologist/Sociologist	211 Ophthalmologist	310 Physician Assistant
117 Veterinarian	212 Orthopaedic Surg.	311 Registered Nurse
118 Other Basic and Applied Science	213 Pediatrics	312 Respiratory Therapist
119 Clinical Exercise Physiologist	214 Psychiatrist	313 Other Health Care Specialist
120 Neuropsychologist	215 Podiatrist	314 Professor
121 Behavioral Scientist	216 Psychiatrist	315 Registered Dietitian
201 Cardiologist	217 Radiologist	401 Student
	218 Other Medicine	
	219 Nurse Practitioner	