

CONCUSSION SUMMIT 2020

Please fill out completely (one form per registrant, please).

REGISTRANT INFO

LAST		CITY	
FIRST		STATE	
EMAIL		PHONE	

PROFESSIONAL INFO

ORGANIZATION	
--------------	--

Athletic trainers, please check box and select one of the options below.

<input type="checkbox"/>	ATC	<input type="checkbox"/>	HIGH SCHOOL	<input type="checkbox"/>	COLLEGE	<input type="checkbox"/>	CLINIC
--------------------------	-----	--------------------------	-------------	--------------------------	---------	--------------------------	--------

If not an ATC, please check box next to one of the professions listed below, and include specialty or setting.

<input type="checkbox"/>	PT	
<input type="checkbox"/>	OT	
<input type="checkbox"/>	SLP	
<input type="checkbox"/>	RN	

Otherwise, please specify if other.

--

EVENT REGISTRATION

Check the box next to one (1) ticket type below. Please note that as of July 1, regular registration rates apply.

GENERAL REGISTRATION		EARLY (before 7/1)	REGULAR (from 7/1)
<input type="checkbox"/>	Athletic Trainers	\$70	\$100
<input type="checkbox"/>	Physicians	\$170	\$200
<input type="checkbox"/>	Other healthcare professionals	\$120	\$150
<input type="checkbox"/>	Students	\$70	\$100

LIVE STREAMING		EARLY (before 7/1)	REGULAR (from 7/1)
<input type="checkbox"/>	Athletic Trainers	\$100	\$130
<input type="checkbox"/>	Physicians	\$200	\$230
<input type="checkbox"/>	Other healthcare professionals	\$150	\$180
<input type="checkbox"/>	Students	\$100	\$130

Make checks payable to **Research Corporation of the University of Hawaii**. Send completed form and check to:

Hawaii Concussion Awareness & Management Program
 University of Hawaii College of Education
 Kinesiology & Rehabilitation Science Department
 1337 Lower Campus Road PE/A complex 231
 Honolulu, HI 96822