



REGISTRATION FORM

REGISTER ONLINE AT WWW.CME.HSC.USF.EDU/SOCCER
REGISTER BY FAX: (813) 974-3217

RETURN REGISTRATION FORM AND PAYMENT TO:
UNIVERSITY OF SOUTH FLORIDA
HEALTH PROFESSIONS CONFERENCE CORPORATION
(HPCC) PO BOX 864240, ORLANDO, FL 32886-4240

A CONFIRMATION LETTER WILL BE SENT UPON RECEIPT
OF YOUR REGISTRATION AND PAYMENT (NO REGISTRATION
IS CONFIRMED WITHOUT FULL PAYMENT)

2010 SOCCER INDUSTRY
MEDICAL SYMPOSIUM
WESTIN BEACH RESORT
FT. LAUDERDALE, FLORIDA
JANUARY 9, 2010

FIRST NAME MIDDLE INITIAL LAST NAME

TITLE/DEGREES ORGANIZATION

GENDER:
 MALE
 FEMALE

STREET ADDRESS COUNTY

CITY STATE ZIP

DAYTIME PHONE FAX NUMBER

E-MAIL ADDRESS

MEDICAL SPECIALTY

PROFESSIONAL PROFILE
 PHYSICIAN NURSE AT
 RESIDENT PA INDUSTRY
 FELLOW PT OTHER _____

LICENSE # REQUIRED FOR NURSES, AT's and PT's

BIRTHDAY (MM/DD)

BURNING QUESTION? I WOULD LIKE THE FACULTY TO ADDRESS DURING THE PROGRAM:

REGISTRATION FEES

ON OR BEFORE 12/10/2009 AFTER 12/10/2009
PHYSICIANS\$200\$225
ALL OTHER ALLIED
HEALTHCARE PROFESSIONALS\$150\$175

CREDIT CARD: VISA MASTERCARD AMEX

IN THE AMOUNT OF \$ _____

ENCLOSED IS MY CHECK MADE PAYABLE
TO: USF HPCC IN THE AMOUNT OF \$ _____.

CARD NUMBER

MAIL TO ADDRESS LISTED ABOVE.

EXP. DATE SECURITY CODE/CCV
(AMEX-4 digits on front, MC/Visa-3 digits on back)

FOR ASSISTANCE, CALL THE OFFICE OF CONTINUING
PROFESSIONAL DEVELOPMENT AT (813) 974-4296 OR
1-800-852-5362.

NAME ON CARD (PRINT)

SIGNATURE