



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

REGISTRANT INFO

Last		City	
First		State	
Email		Phone	

PROFESSIONAL INFO

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

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

Otherwise, please specify if other.

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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 (thru 6/30)	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

LIVE STREAMING		EARLY (thru 6/30)	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

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