

# 35th ANNUAL - MEDICAL COLLEGE OF WISCONSIN SPORTS MEDICINE SYMPOSIUM - MARCH 21-22, 2024 REGISTRATION FORM



**REGISTRATION: 2-STEP PROCESS! Complete registration form, and send with payment by check, or pay via PayPal and submit form below.**

The Pre-Registration Fees are (in person/virtual) \$425/375 for physicians, \$325/275 for PT/NP/PA, \$275/225 for AT/LAT's and Residents, and \$100 for students with accompanying letter from supervisor. Fee includes registration materials, symposium outline and lunches.

There is an additional \$25 fee for AMA PRA CME Credit Certificate. \$10 fee after the Pre-registration date of March 15th. Your cancelled check or PayPal confirmation serves as receipt of registration.

**BREAKOUT SESSION SIGN UP:**

Please rank breakout sessions in order of preference. We will make every effort to give you your highest choices. Space is limited in some sections to allow maximal instructor/attendee interactions. *If you fail to provide alternatives and the session is already filled, we will randomly place you in an open session. Virtual attendees will be placed in the main room session.*

**PLEASE COMPLETE THE FOLLOWING:**

<b>NAME</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
<b>PHONE</b>	<b>EMAIL ADDRESS</b>	<b>DEGREE(S)</b>

Within each **BREAKOUT SESSION**, rank workshops in order of preference.

**Please note:** Virtual attendees will not have choice of breakouts (MAIN ROOM ONLY.)

<b>Session A</b>	<b>Session B</b>	<b>Session C</b>	<b>Session D</b>	<b>Session E</b>	<b>Session F</b>	<b>Session G</b>
<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>	<b>2<sup>ND</sup> CHOICE:</b>

**IF MAILING FORM, please indicate choices (in order of preference):**

<b>Session A</b>	<b>Session B</b>	<b>Session C</b>	<b>Session D</b>	<b>Session E</b>	<b>Session F</b>	<b>Session G</b>
1st:	1st:	1st:	1st:	1st:	1st:	1st:
2nd:	2nd:	2nd:	2nd:	2nd:	2nd:	2nd:

**REGISTRATION FEE: (in-person/virtual)**

Physicians: \$425 / \$375

AMA PRA Category 1 Credit™ \$25: ADDTL FEE

PT/NP/PA: \$325 / \$275

ATs, LATs, Residents: \$275 / \$225

Students w/ ltr, coaches, athletes: \$100

**CREDIT NEEDED:**

**PHYSICIAN:**

AAFP

AMA PRA Category 1 Credit™  
(additional \$25)

**PT/ATC:**

BOC

WPTA

OTHER

(specify):



**PAYING BY CHECK?**

- **MAKE PAYABLE TO:** MCW Department of Orthopaedic Surgery  
**SEND COMPLETED FORM TO:** MCW Department of Orthopaedic Surgery, Attn: Wendy Engel  
8701 W. Watertown Plank Rd., Box 26509, Milwaukee, WI 53226-0509

