Injury Prevention, Management and Performance Improvement of the Running Athlete

September 30 – October 1, 2016
NYU Langone Medical Center
550 First Avenue, Alumni Hall, Classroom B, New York, NY 10016

Register online at
www.med.nyu.edu/cme/running

Please do not reduce or enlarge this form. PLEASE PRINT ALL INFORMATION CLEARLY IN BLOCK LETTERS AND NUMBERS.

After September 28, 2016, 12 pm, only onsite registration is available, provided the course has not reached capacity. Onsite registrants will incur an additional $20 charge and will receive a receipt by email in 1–2 weeks.

Name  _______________________________________________________
Address  _______________________________________________________
City _____________________________ State ______ Zip ________________
Degree _____________________________ Specialty ____________________
Day Phone ____________________________ Fax __________________________
Email _______________________________________________________

(REQUIRED FOR CME CREDIT)

COURSE FEES

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<th>TWO DAY</th>
<th>ONE DAY (Friday, Sept. 30 ONLY)</th>
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<tr>
<td>Full Fee</td>
<td>$400</td>
<td>$250</td>
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<td>Reduced*</td>
<td>$350</td>
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NYU Langone / NYU Lutheran Faculty & Staff**

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<td>$300</td>
<td>$150</td>
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*Reduced fee applies to NYU School of Medicine alumni, former residents and fellows; physicians-in-training; physicians employed by the Department of Veterans Affairs Medical Center; full-time active military personnel; retired physicians; and all other non-physician healthcare professionals.

**Must provide valid NYU Langone/NYU Lutheran ID

BREAKOUT SESSION REGISTRATION
(Please choose one per session, no repeats)

A. Video Analysis: Translating Research into Clinical Practice
B. Foot and Ankle Examination Lab
C. Strength and Flexibility Examination Lab
D. Designing a Strength and Conditioning Program for the Runner

METHODS OF PAYMENT: (Cash, email and phone registration are not accepted)
If faxing, do not mail or refax. This will only result in a duplicate charge to your account. Registration is non-transferable.

☐ Check in U.S. Dollars only: $ ______________

☐ Credit Card Payment (see below)

☐ International Postal Money Order: $ ______________
(Foreign registrants, including those from Canada, must pay by International Postal Money Order or credit card.)

MAKE CHECK PAYABLE TO: NYU Post-Graduate Medical School

SEND PAYMENT TO: New York University School of Medicine
P.O. Box 419252
Boston, MA 02241-9252

PAYMENT BY CREDIT CARD: Credit card payments may be faxed to (212) 263-5293.

Amount to be charged: $ ______________

Bill To: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____________________________ Exp. Date ______________

Card Member’s Name __________________________ CVV Code ______________

Signature _______________________________________________________

REFUND POLICY: In order to request a refund, you must email maria.mercado@nyumc.org no later than 14 days prior to the first day of the course. An administrative fee of $75 will be deducted from your refund. Cancellations or no-shows after this date are not eligible for a refund.

COURSE CANCELLATION POLICY: If a course is cancelled due to inclement weather, insufficient enrollment, or any other reason, NYU PGMS will refund registration fees in full. NYU PGMS will provide at least two weeks’ advance notice if cancelling due to insufficient enrollment and as soon as possible in all other circumstances. NYU PGMS is not responsible for any airfare, hotel, or other non-cancellable costs incurred by the registrant.

Special needs or requests: _____________________________

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