

Mail form and check to:
 Candace Baker
 OATA Registration Chair
 2455 Tarpon Bay Drive
 Miamisburg, OH 45342
 937-367-3200

**The Ohio Athletic Trainers' Association
 Annual Meeting & Clinical Symposium
 May 12-13, 2017 ♦ Sandusky**

Check here if you require special assistance to participate. Please attach a written description of your needs.

PLEASE PRINT CLEARLY

Name _____
 Address _____
 City _____ State _____ Zip _____

Check here if this information is NEW.

Badge Info:

Nickname for Badge _____
 Credentials (Limit 2) _____
 Institution or Business _____
 City _____ State _____

NATA or OATA Member Number _____
 BOC # _____
 OH License # _____
 Home Phone (____) _____
 Work Phone (____) _____
 Fax (____) _____
 E-mail (**Required**) _____
 District (circle) NW NE C E SW SE
 Or Out of State _____
 Spouse (only if attending) _____

Symposium Registration

Your current NATA membership status must match the category for which you are registering.
 CEUs not awarded to Student or Retired registrants. Maximum of 13 CEUs.

Postmark Date	On or Before 5/7	After 5/8
Member	_____ \$90	_____ \$105
Non-Member	_____ \$180	_____ \$205
Student Member	_____ \$30	_____ \$30
Student Non-Member	_____ \$40	_____ \$40
Retired	_____ \$0	_____ \$0

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Special Events

Hall of Fame Banquet (Friday evening) _____ \$30
Please consider purchasing extra ticket(s) to donate to students or ATEP programs.
 Students please check here if you wish to have a sponsor for your banquet ticket

Saturday Business Meeting _____ Yes _____ No

Donation to Scholarship Fund, Hall of Fame, or General Fund (please circle one) \$ _____

\$ _____

No Charge

\$ _____

Total Enclosed

\$ _____

CEU Distribution

Please be sure to include a valid email, as CEU certificates will be emailed to participants at the conclusion of the program

OATA USE ONLY

Date received: _____ Entered: _____ Check # _____

Payment Method:***Please make checks payable to OATA**Check # _____ Enclosed for \$ _____
Name on Account: _____ (m/d/y)**OR**

Bill my credit card (circle): VISA MC

Print Name from Card: _____

Billing Address: _____

Card Number: _____

Security Code (on back of card): _____

Expiration Date (mm/yy): _____

Signature of Card holder: _____

STATE SYMPOSIUM REFUND POLICY:

It is hereby the policy of the OATA to reimburse the tuition cost for the State Symposium provided the following procedures are followed:

1. A written request is made to the State Meeting Planner within 30 days from the conclusion of State Symposium.
2. All refund payments will be made at the discretion of the State Meeting Planner.
3. A processing fee may be charged for not more than 33% of the cost of tuition. Banquet tickets will not be reimbursed.
4. All refunds will occur after the conclusion of the State Symposium with an accounting of the refunds made to the OATA Treasurer.

OATA reserves the right to cancel Thursday night workshops due to low enrollment. You will be notified approximately one week before the symposium if there are any changes.

GENERAL DISCLAIMER:

By registering for the OATA Annual Meeting and Clinical Symposium you grant the OATA the right to use my photos taken during the meeting that might include my image for any advertising, trade or commercial purposes.

Registration Hours**5/12/17 7:30 a.m.—4:00 p.m.****5/13/17 7:30 a.m.—12:00 p.m.****RETURN TO:**

Candace Baker

OATA Registration Chair

2455 Tarpon Bay Drive

Miamisburg, OH 45342

937-367-3200