



REGISTRATION FORM • Advanced Periodization Virtual Clinic • November 13-14, 2020

Name _____ NSCA ID _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Emergency Contact Name _____ Phone _____

Register to Attend Virtually

	Through Oct 14	Oct 15 - Nov 12
Standard Rate	\$265	\$340
Student Rate	\$205	\$280

Cancellation and Refund Policy: All cancellation and refund requests MUST BE submitted in writing (mail, fax, email) and should state the reason for cancellation.

NO REFUND REQUESTS ACCEPTED VIA PHONE.

Full refund less \$20 if postmarked Present - October 14, 2020.

No refund will be given after Oct. 14th.

All NSCA Conferences and Events are subject to changes without notice, go to NSCA.com for the latest information.

Payment Method (USD)

Cash Check (payable to NSCA) VISA MasterCard American Express

Account # _____ CVC Code _____ Exp. _____

Signature: _____

Name on Card _____

Total Enclosed \$ _____ Receipt: Mail Email