



2022 Personal Trainers Virtual Conference | OCT 25-28 | 2.0 CEUs

1. Name _____ NSCA ID: _____
 Institution/Company _____ Credentials _____
 Address _____ Phone _____
 City/State/Zip _____ Email _____
 Emergency Contact Name and Phone # _____

| 2. Conference Fees | Through Sept 8 | Sept 9 - Oct 20 | After Oct 20 |
|--|-------------------|--------------------|--------------|
| Non-Member Conference Registration | \$420 | \$455 | \$480 |
| Professional Member Registration | \$275 | \$300 | \$325 |
| Registration + Professional Membership | \$405 | \$430 | \$455 |
| Student Member Registration | \$225 | \$250 | \$275 |
| Registration + Student Membership | \$295 | \$320 | \$345 |

3. As a Strength & Conditioning professional, I attest and affirm that I plan to attend and participate in this event. If I do not attend the event, I will notify the conference department of the NSCA within 1 week of the conclusion of the event of my absence. NSCA will work with me to credit my NSCA account based on the cancellation policy fees for a future event.

4. Payment Information

| | |
|---|--|
| Method of Payment: Total Due: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check payable to NSCA <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard Name on card: _____ CC#: _____ Exp. _____ Security#: _____ Signature: _____ | Refund Policy All refund requests must be submitted in writing (mail, fax, email) and should state the reason for cancellation. Email: conferences@nsca.com NO REFUNDS WILL BE ACCEPTED VIA PHONE Full refund less \$20 if postmarked by Sept 8 50% refund if postmarked Sept 9 – October 20 NO Refund after October 20, 2022 |
|---|--|

Return form with payment to: NSCA
 Conference Department 1885 Bob Johnson
 Dr. Colorado Springs, CO 80906 Email:
conferences@nsca.com, fax (719) 632-6367

DATE

PRINTED NAME

SIGNATURE
