NSCA STATE/PROVINCIAL & REGIONAL EVENTS

COLORADO STATE CLINIC

REGISTRATION FORM • SEPTEMBER 19, 2026

Name _____ NSCA ID_____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Name/Phone _____

T-shirt Size: ❒ X Small ❒ Small ❒ Medium ❒ Large ❒ X Large ❒ XX Large ❒ XXX Large

	Thru Sept 1		After Sept 1*	
NSCA Member Rate	$75		$115	
Student Rate	$40		$50	
Non-Member Rate	$95		$135	

* If sufficient quantities are unavailable, onsite and late registrants may not receive lunch, t-shirt, etc. (if applicable).
Refund Policy: A 50% refund will be granted on/before 9-1-26. No refunds will be given after 9-1-26.

This event is open to ages 18+ only

Payment Method (USD)

❒ Cash ❒ Check (payable to NSCA) ❒ VISA ❒ MasterCard ❒ American Express

Account # _____ Exp _____ CVV _____

Signature: _____

Name on Card _____

Total Enclosed $ _____