

49th Annual *Virtual* Symposium on Sports Medicine

February 4-6, 2022

REGISTRATION FORM AND LAB DISSECTION ATTESTATION

Name: _____

Degree: MD DO PA PT ATC LAT OT Other: _____

Institution: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

List any special requirements: _____

REGISTRATION FEES

\$180 – Physicians \$100 - Other Healthcare Professionals

PAYMENT

By Check from your School/School District: Payable to *UT Health San Antonio CME - 169380 (If your school district is paying by check, you are required to "Submit" your registration/attestation form in order to reserve your registration.)*

Mail: Return your completed registration form and payment to:
UT Health San Antonio-CME
7703 Floyd Curl Drive, MC 7980
San Antonio, TX 78229-3900

Fax: 210-562-5579

By Personal Check: Payable to *UT Health San Antonio CME - 169380*

*The Office of Continuing Medical Education reserves the right to limit enrollment and cancel any course no less than one week prior to the activity. Should circumstances make this necessary, your registration fee would be refunded in full. If you must cancel, the registration fee will be refunded less a \$50 handling charge if notice is received by December 29, 2021. Cancellations received after December 29, 2021 will not be refunded.

Confirmation: All registrations are confirmed in writing via e-mail. If you do not receive a confirmation, call (210) 567-4491 or 1-866-601-4448, or email cme@uthscsa.edu.

You must complete the Attestation for Participating in the Anatomy Lab Dissection (next page).

ATTESTATION FOR PARTICIPATING IN THE ANATOMY LAB DISSECTION

Cyber-attacks are not on a pause especially during these difficult times, however we have taken extra steps/requirements (below) to help tighten our security during the virtual symposium.

As a registered participant, you are required to complete this electronic attestation prior to participating in the Anatomy Lab Dissection of the 49th Annual Sports Medicine Symposium. This attestation will be kept on file in the CME Office in the event a video is leaked.

- I agree to not record any portion of the anatomy lab dissection.
- I agree that I will be the only one viewing the anatomy lab dissection.
- I agree to not share and/or post Zoom meeting details on any public forums.
- I agree to not display the content of the anatomy lab dissection in a conference room or meeting room for others to view who are not registered for the conference.

First and Last Name (Print)

The UT Health San Antonio Office of CME will provide each registered participant who has completed the attestation with an encrypted unique Zoom meeting link and unique password to access the meeting.

- The UT Health San Antonio Office of CME will verify each registered participant's name to the registration list and attendee attestation before being allowed into the meeting. Once registered attendees enter their unique password, they will be placed in a waiting room before they are allowed into the meeting.

If duplicate names or names not found on the registration list are used, those individuals will be allowed into the meeting where a member of the Office of CME will verify the user's identity and asked that they rename themselves within Zoom in order to remain in the meeting. Those who chose not to rename themselves will be removed from the meeting.

Thank you for your cooperation!

UT Health San Antonio
Office of Continuing Medical Education

**"Submit" your registration/attestation form in order to
reserve your registration.**