

**2008 Athletic Training Student Workshop
Registration Form**

First Name _____ Last Name _____

Address _____

City _____

State _____ Zip _____

Telephone (day) _____ (evening) _____

E-mail address _____

High school graduation year _____ Date of birth _____ ID# _____

T-Shirt Size: (please check one)

Adult Small Adult Medium Adult Large Adult Extra Large

Please check one:

Option 1-\$625.00

Option 2-\$590.00 *with early registration discount**

Must register by May 2, 2008.*

Roommate request _____

Payment Method (*payment in full is requested when registering.*)

Check # _____ made payable to Springfield College, enclosed.

Charge the credit card indicated below:

Visa MasterCard Discover American Express

Card number _____

Expiration date _____

Print name as it appears on card _____

Signature of cardholder _____

Address of cardholder if different from above _____

Credit card registrations may be faxed to 413-748-3483.

Return this form with payment to:
Springfield College Business Office
263 Alden Street
Springfield, MA 01109-3797