

REGISTRATION FORM

Research Retreat, IV ACL INJURIES: THE GENDER BIAS

Hosted by
The University of North Carolina at Greensboro

April 3rd - 5th, 2008
Greensboro Marriott Downtown
304 N Greene Street
Greensboro NC

Date: _____

Name _____ Title _____

Company _____

Address _____

City, State, & Zip _____

Phone _____, Fax _____, E-mail _____

Do you plan on submitting an abstract? Y / N

TUITION

	Before Feb 2, 2008	After Feb 2, 2008	At the Door
Professional Rate	\$275	\$300	\$325
Student Rate*	\$150	\$175	\$175

*Must include a letter from academic advisor confirming student status

Amount Enclosed: _____

Tuition includes retreat materials, Thursday night reception, all meals on Friday, and breakfast and lunch on Saturday. Saturday evening plans are being finalized.

Cancellation requests received prior to Mar 3, 2008 are fully refundable. Cancellation requests received Mar 3 – Mar 31, 2008 will receive a 50 percent refund. No refund for cancellations after Mar 31, 2008.

Please make your check payable to: UNCG Dept of Ex and Sport Science, complete this form, enclose your check, and mail to:

ACL Retreat
Dept of ESS, 250 HHP
PO Box 26170
University of North Carolina at Greensboro
Greensboro, NC 27402-6170

HOTEL: Rooms at the Greensboro Marriott Downtown are being held @ \$97/night + tax, **if booked prior to March 12, 2008**. Call 336-379-8000 and tell them you are with the ACL Spring Retreat to get this special rate. Please inform us of any special dietary needs.

If you have questions regarding registration, please call **Sandy Shultz** at 336-334-3027, or e-mail at sjshultz@uncg.edu. Also please visit our web site for up to date information and instruction for abstract submission at: <http://www.uncg.edu/ess/anrl/acletreat.html>