

REGISTRATION: The Mammoth Sports Course

August 10-12, 2017

Location: The Village Lodge, Mammoth Lakes, CA

First Name: _____ **Last Name:** _____

Title (please circle): MD DO Fellow Resident PA NP PT PTA OT ATC

OTC Other:

License Number: _____

Practice Name/ Organization: _____

Specialty: _____

Phone: (____) _____

Email: _____

Mailing Address: _____

City: _____

State/ Zip Code: _____

**This activity is qualified for 12.75 hours of *AMA PRA Certified Category 1 Credits*.
Accreditation is provided through University of Nevada, Reno, School of Medicine.**

Registration fees: (Price increase June 15, 2017 by \$50 for each category)

Mammoth Hospital employees: \$50

Allied Health attendees from outside facilities: \$100

Physician (MD, DO): \$150

Please return this registration form and a check made payable to:

MAMMOTH ORTHOPEDIC INSTITUTE

C/O: Dr. Brian Gilmer

P.O. Box 2359

Mammoth Lakes, CA 93546

Questions? Please contact us at ortho@mammothhospital.com