

BSMPG 2014 Summer Seminar

May 16 & 17, 2014

Boston MA



BSMPG

The Boston Sports Medicine and Performance Group

Attendee : First Name: _____ Last Name: _____

Email: _____

Profession/Certifications: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Please Check One:

___ \$349.00 After March 1st, 2014 Professional Affiliation: _____

___ \$289.00 Student Discount—College/University: _____

** NOTE: All students will be asked to provide proof of study.

_____ Total Registration

Make Check or Money Order payable to:

Boston Sports Medicine and Performance Group

200 Freeman Street, #2

Brookline, MA 02446

** An email confirmation will be sent to you after we receive your registration materials.

If you have any questions, please feel free to contact us at bostonmpg@gmail.com.

** PLEASE PRINT ALL INFORMATION CLEARLY