

MAY 5-6, 2017

Registration Fee: \$275.00

Please Print Clearly:

Name: _____ Credentials _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____ Ohio License Number: _____

Please explain if you have special needs that require assistance. _____

Make Checks Payable to: Cleveland Clinic OR**Charge the Following Credit Card:**

Name as it appears on Credit Card _____

Account Number _____ Visa _____ MasterCard _____

Amount Charged to Credit Card: \$ _____ Expiration date _____

Signature of Card Holder: _____

Mail all registration forms and payments to:

Cleveland Clinic, PO Box 77054, Cleveland Ohio 44194-7054

Registration confirmation will be emailed once registration is processed.

Mail in registrations/payments must be sent to the address above, they cannot be accepted via fax or phone.**Please email to reserve a seat, if you wish to register after April 21, 2017 to ensure there are open seats.****Cancellation Policy: A \$25.00 processing fee will be applied to cancellations on or before Friday, April 21, 2017.****No refunds will be issued for cancellations after April 21, 2017. Cancellations must be received in writing.**

Cleveland Clinic Sports Health reserves the right to cancel our courses within 15 days of the date of the course.

A full refund will be issued in the event of a cancellation.

For Questions Only: ceinfo@ccf.orgVisit our website for further information: www.sports-health.org/educationFor Online Registration and Payment by Credit Card only: www.clevelandclinic.org/TheRunningSeminar

HOTEL ACCOMODATIONS:**Homewood Suites Hilton , 25725 Central Parkway, Beachwood, Ohio 44122 Phone: 216-464-9600****www.homewoodsuitesbeachwood.com Room Rate: \$132.00 + applicable taxes per night for studio****Please ask for the Cleveland Clinic rate**