Arkansas Athletic Trainers' Association Annual Meeting Registration Form April 28-30, 2017 Little Rock, AR

Member Information: (Please fill in all information)

Name	Email					
Phone Number	Work Num	ber	NF	ગ #		
Street Address						
1st year of AATA Membership?				-		
NATA Membership #?						
Classification?		Year Certified?				
Meeting Registration:	T-Shirt S	Size:	(only guar	anteed if pre-	registered)	
Place of Employment or scho	ool you attend	l?				
Name you wish to be on you	r name tag? _					
	Post Marked Post Marked					
	Check One	by 4/1/17			Total	
Members (except students)		\$75	\$100	\$115		
Non-Member		\$100	\$115	\$130		
University Student		\$25	\$30	\$35		
Student Certified		\$30	\$40	A		
Saturday Lunch-Buffet		\$12.50	\$12.50	\$13.0		
Saturday Lunch- Salad		\$8.50	\$8.50	N/A		
Saturday Social-Kahlil's		\$5	\$5	\$10		
Will you be attending the Lea						
Will you be attending Friday			at War Memor I - \$5 at the do		Yes	No
Annual Membership Dues: **	ALL ANNUAL S	STATE DUES F	OR <u>REGULAR (</u>	ERTIFIED	MEMBERS A	 ND
STUDENTA OF THE AATA WHO A OF YOUR ANNUAL NATA DUES*		OF THE NATA	A, YOUR DUES I	HAVE BEEN	I COLLECTEI	O AS PART
Student & Certified Member Who	is a Member of	the NATA M	embership Dues	2017 ALF	READY PAID	
Certified Member Who is NOT a Member of the NATA Membership Dues						
A.A.T.A State Advisory Membership Dues, 2017						
Student-Certified / Career Starter Membership Dues, 2017						
Please add the amounts in the r registration form in order to pre						ny the

Total Enclosed: _____

Please Complete & Return the form with payment to:

Jackie Ross
P.0. Box 23474

Little Rock, AR 72221