

NEACSM Peter Ronai College Bowl Registration Form

DUE DATE 10/11/24

PLEASE PRINT ALL INFORMATION BELOW

Name of Faculty Completing Form: _____

College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Names of Students Participating (PLEASE PRINT)

NEACSM recognizes the complications caused by the pandemic. If, after registering, your team becomes unable to attend the conference, please contact our office for a refund.

1) _____ E-mail: _____

*NEACSM Membership Expiration (MM/YYYY): _____

2) _____ E-mail: _____

*NEACSM Membership Expiration (MM/YYYY): _____

3) _____ E-mail: _____

*NEACSM Membership Expiration (MM/YYYY): _____

Fee Due: \$100.00

Payment accepted online.

***If there is a cancellation of the meeting or the College Bowl, you will be eligible for a refund.*

To register online via PayPal, go to www.neacsm.org/college-bowl and then forward completed registration form to neacsm1@gmail.com

***If you have questions, please contact Tim Hanway (timhanway6@gmail.com) or Amanda Salacinski (asalacinski@westfield.ma.edu)**

Thank you for your support of the New England ACSM and its educational endeavors!

Support Provided by the:

