

## APPLICATION FORM TO CO-SPONSOR

Name of Responsible

Person: \_\_\_\_\_

Name of Responsible

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Days: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Backup Contact Person -

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Days: ( ) \_\_\_\_\_ Evenings: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

### Course(s) Requested

Please initial any of the following courses that you would like to sponsor. If you would be satisfied with any of the courses then initial all of them, but indicate which ones you would prefer by writing "preferred" beside one or two. Be assured that initially we will place only one or two courses at your facility if;

- we have not made prior arrangements at another facility in your area
- we agree with you that the course might be a success at your location

Courses:

Shoulder, Hip, and Knee

Preferred Dates 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Orthopaedic Management of Upper Quarter Injuries

Preferred Dates 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Orthopaedic Management of Lower Quarter Injuries

Preferred Dates 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Selective Functional Movement Assessment / Functional Exercise Training & Rehabilitation

Preferred Dates 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Location:

Description of the Facility:

Nearest Motel Accommodations: State whether it is within walking distance for that time of the year or is shuttle or transportation available.

Lunch Facilities:

Restaurants:

Other helpful information: (attractions, transportation, etc. Attach any additional information we should consider).

If you have any additional questions or would like to further discuss the possibility of co-sponsoring a course call our office 503-642-4432.

Please return this application to:  
Julie Mendenhall  
North American Sports Medicine Institute  
17675 SW Farmington Rd #182  
Aloha, OR 97007  
TEL: 1-503-642-4432  
FAX 1-503-848-6384