Not a Member Annual Meeting Registration

This guide provides a guide for non-members to register for the Annual Meeting. As a non-member, membership is AUTOMATICALLY included in the registration fee. You do NOT need to add a membership to your cart.

1 You must have an Account first in order to register for Annual Meeting. Once you have created an account. Click log-in from the homepage of the ACSM website <u>www.acsm.org</u> and enter your access credentials associated with your ACSM account.



You will be automatically redirected to the ACSM homepage. Click the down arrow by Meetings and click Annual Meeting.





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Click Register Today!

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Home Registration Abstracts In-Person Sessions Online Sessions Events Awards Housing Exhibit/Sponso

Click Register.

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5 Read the event information.



6 Click the down arrow under Registration Types.

	CANCELLATION POLICIES: View the cancellation policies here.
	IMPORTANT POLICIES (General Event Policies) <u>Click here</u> to read THEN confirm your understanding below. Your submission of this form acknowledges acceptance of these terms.
	By submitting this registration, you agree to receive occasional emails from ACSM sponsors and exhibitors. To opt-out from these emails, please email meeting@acsm.org.
	Registration Types/Options below match your member/non-member status in your profile.
	Registration Types
	Select Registration Type
////*	Questions for You
\mathcal{D}	I have read, understand and attest to the event policies referenced above referenced above referenced above
[]]]	Emergency Contact (Name and Phone Number) *
$\left \right \right $	Dietary restrictions/allergies
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Based on your non-member status, the available registration types to you as a non-member will automatically appear. An ACSM membership is INCLUDED in the registration fee. You do NOT need to add a membership to the cart.

	IMPURIANT PULICIES (General Event Policies) <u>Glock nere</u> to read THEN confirm your understanding o submission of this form acknowledges acceptance of these terms.
	By submitting this registration, you agree to receive occasional emails from ACSM sponsors and exhibitors these emails, please email meeting@acsm.org.
	Registration Types/Options below match your member/non-member status in your profile.
	Registration Types
Bu	undle Programming (In-Person and Online) - \$965.00 -Person Programming Only - \$685.00
Or Si	nline Programming Only - \$480.00 ngle Day Registration (Prices display in single day selections) - \$0.00
	undle Programming (In-Person and Online)-Non-Member Student - \$360.00
	nergency Contact (Name and Phone Number) *
///////////////////////////////////////	etary restrictions/allergies

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Attest that you have read and agree to ACSM event terms and conditions by clicking the checkbox.

	About \sim Membership \sim Certification \sim Education & Resources \sim Meetings \sim Foundation \sim My ACSM \sim O
	egistration Types
Selec In-Pi	t Registration Type erson Programming Only - \$685.00
Qu	uestions for You
	I have read, understand and attest to the event policies referenced above
Eme 	rgency Contact (Name and Phone Number) *
	ary restrictions/allergies
	ou require any Americans with Disabilities Act (ADA) accommodations? *

9 Complete the Emergency Contact information.

	Registration Types
	Select Registration Type In-Person Programming Only - \$685.00
	Questions for You
())))((2)))	I have read, understand and attest to the event policies referenced above
	Emergency Contact (Name and Phone Number) *
///////////////////////////////////////	*Reputed
///////////////////////////////////////	Dietary restrictions/allergies
	Do you require any Americans with Disabilities Act (ADA) accommodations? *
	If you answered "Yes" above, please email meeting@acsm.org with your accessibility assistance
	Please indicate your Primary Area of Interest *

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10 Answer the registration questions.

	Cuestions for four
	Emergency Contact (Name and Phone Number) * Test Test 111-1111 * feasived
	Dietary restrictions/allergies none.
	Do you require any Americans with Disabilities Act (ADA) accommodations? *
	If you answered "Yes" above, please email meeting@acsm.org with your accessibility assistance requirements.
? !	Please indicate your Primary Area of Interest *

11 Answer the registration questions.

	- Repired
	Dietary restrictions/allergies
	none.
///////////////////////////////////////	
///////////////////////////////////////	Do you require any Americans with Disabilities Act (ADA) accommodations? • No
	Required
	If you answered "Yes" above, please email meeting@acsm.org with your accessibility assistance
///////////////////////////////////////	requirements.
///////////////////////////////////////	
///////////////////////////////////////	Please indicate your Primary Area of Interest *
	Is this your first Annual Meeting? * Required
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	Available Sessions
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	Manage Guests
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12 Answer the registration questions.

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	Dietary restrictions/allergies
	none.
	Do you require any Americans with Disabilities Act (ADA) accommodations? *
	No
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	Mapled States
	Is this your first Annual Meeting *
	*Required
	Available Sessions
	To add a full guest pass, check the box, and add only the guest's info unde
	Manage Guests

Alert! Steps #13-19 are only applicable if you are adding a GUEST to your meeting registration.

13 This step is only applicable to those wishing to add a guest registration. Select the checkbox.



14 The Manage Guests button will appear. Click the Manage Guests button.



15 Click Add Guest.



16 Enter the guest's First Name and Last Name.

Available Sessions		
To add a full guest pass Manage Guests	, check the box, and add only the guest's info under	
Guest Passes	Manage Registration	
Manage Guests (0)	Last Name *	
To add just yourself to	ession.	
To add yourself and a g Manage Guests	Save Guest Cancel and a guest under	
Meal Events		

17 Press Tab

18	Click Save Guest.		
	Available Sessions		
	To add a full guest pass, Manage Guests	, check the box, and add only the guest's info under	
	Guest Passes	Manage Registration	1000
	Guest Pass-Admits attendee's GUEST into th	First Name * Test	11110
1-1-	Manage Guests (0)	Last Name " Guest	
///	To add just yourself to	ession.	
	To add yourself and a g Manage Guests	Save Guest Cancel and a guest under	
	Meal Events		
	ACSM Honors - \$75.00	Add to Cart	

19 Click Close.





Alert! Resume here if you do not need to register a GUEST for the annual meeting.

20 To add yourself to an available optional session or meal event, follow theses steps. Click the applicable check-box.



21 If you have a guest joining you for a meal event or optional session, click Add Guest. Note: if you added a Guest from steps 13-19 you MUST add them to these if you want them to attend.

	To add a full guest pass Manage Guests	Manage Registration st's info under	
	manage ducets	To add a guest, click 'Add Guest'.	
1	Guest Passes	ACSM Honors	
	Manage Guests (1)	Friday, May 30th 7:00 PM - 9:00 PM E1	
	To add just yourself to	First Name Last Name	
	To add yourself and a g	Katherine Schowengerdt 🖍 💼 and a guest under	
	Manage Guests	Add Guest Class	
	Meal Events	Add dust Close	
\sim	CSM Honors - \$75.00		
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		Add to Cart	
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22 If you have a guest, complete the First Name and Last.

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	*legind	
	Available Sessions	
	To add a full guest pass, check the box, and add only the gu Manage Guests	est's info under
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	To add yourself and a g Manage Guests	and a guest under
	Meal Events ACSM Honors - \$75.00	

23 Click Save Guest.

	Available Sessions			
	To add a full guest pass, Manage Guests	check the box, and add only the gu	iest's info under	
	Guest Passes	Manage Registration		Alexandra da
	Guest Pass-Admits attendee's GUEST into th	First Name * Test		111111
	Manage Guests (1)	Last Name * Guest		111111
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	To add yourself and a g Manage Guests	Save Guest Cancel	and a guest under	
	Meal Events			
\sim	ACSM Honors - \$75.00			
	Manage Guests (0)			
			Add to Cart	
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24 Click Close.



25 Click Add to Cart



26 Since you were a NON-MEMBER and the Annual Meeting registration INCLUDES a membership, please add your Designations and select a Member Category and Member Sub-Category 1. Complete other demographic information.

Annual Meeting	2025	
- Innaa mooting i		
Member Details		
First Name Katherine	Last Name Schowengerdt	
Primary Email hugheyk@gmail.com	Primary Phone 816-255-8779	
Designations		
Member Category	Member Sub-category 1	
Employer	Collego/University DePauw University	
Primary Address		
Address 1: Country L/U United States of America	·	
Address 1: Line 1 3380 NE State Route UU	Address 1: Line 2	
Address 1: City		

27 Complete other demographic information.

Primary Email hugheyk@gmail.com Designatione M.S. Member Category Education/Research Professional Fmolover	Primary Phone 816-255-8779 Member Sub-category 1 Alled Health
Designations Designations M.S. Member Category Education/Research Professional Finalover	Member Sub-category 1 Allied Health
M.S. Member Category Education/Research Professional Fmolover	Member Sub-category 1 Allied Health
Member Category Education/Research Professional	Member Sub-category 1 Allied Health
Education/Research Professional	Allied Health
Fmplover	
Employer	College/University
	DePauw University
Primary Address Address 1: Country LTU Initial States of America	
Address 1: Line 1 3380 NE State Route UU	Address 1: Line 2
Address 1: City	
Butier	
Address 1: State/Province L/U	Address 1: Zip Code
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28 Click Continue.

Professional	Member Sub-category 1 Allied Health
	College/University DePauw University
rica	
UU	Address 1: Line 2
/U	Address 1: Zip Code
	64730
Location	Phone Office
6510 Telecom	Dr. 317-637-9200 ACSM's National Center
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29 You will be prompted to make an optional donation to ACSM or the ACSM Foundation. Click Continue.

AMERICAN COLLEGE OF BOOTE MEDICAN									
	post-doctoral fellows with travel expenses to present their res publications at the ACSM Annual Meeting.	earch aligned with or influenced by	r Dr. Wilmore's						
	Lisa S. Krivickas Memorial Fund	mad mambar and trustae of ACSM	Liea S. Krivickae MD						
	FACSM, assists female clinicians with travel expenses to prese science at the ACSM Annual Meeting.	ent their scholarly work on sports m	edicine or exercise						
	Steven M. Horvath Memorial Fund			///////////////////////////////////////					
	Established in memory of Steven M. Horvath, Ph.D., FACSM, a Horvath Memorial Fund assists underrepresented minority stu	tablished in memory of Steven M. Horvath, Ph.D., FACSM, a longtime member and ACSM Citation Award winner, the rvath Memorial Fund assists underrepresented minority students with travel expenses to present their research at the							
	ACSM Annual Meeting.			/////////					
		Items per page: 5	✓ 1-5 of 5	///////////////////////////////////////					
		/////	CONTINUE	///////////////////////////////////////					
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30 Confirm the registrations in the cart and click Proceed to Checkout to enter payment information. Remember, a MEMBERSHIP is included in the Annual Meeting registration.

eed to Checkout" below.			
		PROCEED TO	O CHECKOUT
ription	Qty	Unit Price	Total Price
t Pass-Admits attendee's GUEST into the exhibit hall and social events	- Test Guest 1	\$25.00	\$25.00
vl Honors - Katherine Schowengerdt	1	\$75.00	\$75.00
d Honors - Test Guest	1	\$75.00	\$75.00
Annual Meeting-Atlanta, Georgia - In-Person Programming Only - Kathe wengerdt	rrine 1	\$685.00	\$685.00
	CART SUMMARY		
yon code, please enter it in the box below.	Shipping and taxes are calcula	ted at checkout.	
	Subtotal		\$860.00
	Discounts		\$0.00
	Total		\$860.00

31 Click Proceed to Checkout.

wengerdt	1	\$685.00 \$685.	00	11111	11
	CART SUMMARY				
son code, please enter it in the box below.	Shipping and taxes are calculated	at checkout.	//		
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	Total	\$860.0	o //		
		PROCEED TO CHECK	олт		
Location	Phone	Office		*****	

32 Enter payment details and click Process Payment. You can print the confirmation screen for receipt purposes. You will also receive an email confirmation. You can access your new MEMBERSHIP benefits immediately!

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	Indianapolis, IN	46278			Monday	through F	riday.			
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