TOPIC Registration Form

One form per registrant. Duplicate as needed.

August 24, 2016

GETAC Committee Meeting

Austin, TX

Register Online at www.traumanurses.org

ATTENDEE INFORMATION (please type or print)

FULL NAME:_____ **PROFESSIONAL CREDENTIAL(S):**_____

TITLE:_____ **INSTITUTION:**_____ **LEVEL** _____

ADDRESS:_____ **CITY:**_____

STATE/PROVINCE:_____ **ZIP/POSTAL CODE:**_____ **COUNTRY:**_____

PHONE:_____ **E-MAIL:**_____

ANY SPECIAL NEEDS:_____

REGISTRATION FEES & PAYMENT INFORMATION

Registration Fee **$350.00** (US funds only)

**Breakfast, lunch and breaks are included with your registration.*

Payment by Check

Make check payable to Society of Trauma Nurses
3493 Lansdowne Dr, Ste 2
Lexington, KY 40517

Check #_____

❒ Enclosed

**Registration will not be processed until payment is received.*

Payment by Credit Card or PO

Fax: 859-271-0607
Email: info@traumanurses.org

Type: ❒ Visa ❒ MasterCard ❒ AMEX ❒ Discover

_____

Account Number **Exp. Date**

_____

Names as it appears on card

_____

Signature

COURSE LOCATION

Wyndam Garden Hotel in Austin
3401 South IH-35
Austin, TX 78741
Executive Learning Center
214-208-9911