



# TOPIC Registration Form

One form per registrant. Duplicate as needed.

State Governor's EMS/Trauma Advisory Council Mtg

Crowne Plaza Hotel

Austin, TX

August 20, 2014

Register Online at [www.traumanurses.org](http://www.traumanurses.org)



## BADGE/LIST INFORMATION (please type or print)

FULL NAME: \_\_\_\_\_ PROFESSIONAL CREDENTIAL(S): \_\_\_\_\_

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ANY SPECIAL NEEDS: \_\_\_\_\_

### COURSE & HOTEL INFORMATION

The course is scheduled to take place in conjunction with the State Governors EMS/Trauma Advisory Council Meeting at Crowne Plaza Hotel in Austin, TX on **Wednesday, August 20, 2014**

Crowne Plaza Hotel  
6121 N Interstate Highway 35  
Austin, TX  
Phone: (512) 323-5466  
Meeting Room: TBA

### HOTEL INFORMATION:

**Crowne Plaza Austin**  
1 877 270 1393  
<http://www.crowneplaza.com/hotels/us/en/reservation>

### SPECIAL REQUESTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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  In the mail - to be received by \_\_\_\_\_  
*\*Registration will not be processed until payment is received.*

#### **Payment by Credit Card or PO**

Fax: 859-271-0607  
Email: [info@traumanurses.org](mailto:info@traumanurses.org)

Type:  Visa  MasterCard  AMEX  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Names as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_