



TOPIC Registration Form

One form per registrant. Duplicate as needed.

State Governor's EMS/Trauma Advisory Council Mtg

Crowne Plaza Hotel

Austin, TX

May 14, 2014

Register Online at 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, May 14, 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

Type: Visa MasterCard AMEX Discover

Account Number _____ Exp. Date _____

Names as it appears on card _____

Signature _____