



# TOPIC Registration Form

One form per registrant. Duplicate as needed.

North Central Texas Trauma  
Advisory Council

Arlington, TX  
July 7, 2016



BADGE/LIST INFORMATION (please type or print)

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

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_ Trauma Level: \_\_\_\_\_

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

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

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

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

## COURSE INFORMATION

The course is scheduled to take place on **Thursday, July 7, 2016**. Registration and breakfast begins at 7:00am.

### **Course Location:**

North Central Texas Trauma Advisory Council  
600 Six Flags Drive, Ste. 160  
Arlington, TX 76011

## REGISTRATION FEES & PAYMENT INFORMATION

Registration Fee **\$350.00** (US funds only)  
*\*Breakfast, lunch and breaks are included with your registration.*

Discount Code: \_\_\_\_\_

### **Payment by Check**

Make check payable to Society of Trauma Nurses  
446 East High Street Ste. 10  
Lexington, KY 40507

### **Check # \_\_\_\_\_**

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

### **Payment by Credit Card**

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