



TOPIC Registration Form

One form per registrant. Duplicate as needed.

April 27, 2016

South Texas Regional Advisory Council
San Antonio, 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

STRAC Annual Conference
Westin Riverwalk San Antonio
420 W. Market
San Antonio, TX 78205
210-233-5832