



TOPIC Registration Form

One form per registrant. Duplicate as needed.



February 10, 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