



# TOPIC Registration Form

One form per registrant. Duplicate as needed.



May 11, 2016

GETAC Committee Meeting  
Austin, TX

Register Online at [www.traumanurses.org](http://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](mailto: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  
Guadalupe/Barton Creek  
214-208-9911