

CONFERENCE REGISTRATION FORM

This form may be duplicated. **Required of all Participants.** It is important to complete all information requested below.

Southwest Regional Trauma Conference

August 11-12, 2011

J.W. Marriott Starr Pass Resort and Spa
3800 W. Star Pass Blvd, Tucson, AZ 85745

*Name to include degree and/or certification (Example: Doe, RN, MS, MBA, EMT- will appear on name tag)

First Name _____ MI _____ Last Name _____

Degree _____

*How name should appear on name Tag

Position: ___ EMS/FIRE ___ RN, CCRN, LPN License Number for CEUs

_____ MD ___ RT Other: please specify _____

Title _____

(example- CEP, EMT, FF, Captain, Nurse Manager, Director, Chief etc.)

Organization _____

Organization Address _____

City _____ State _____ ZIP _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail address _____ Home or Work (please circle)

REGISTRATION FEES includes lunch each day	POSTMARKED ON OR BEFORE JULY 15, 2011		POSTMARKED AFTER JULY 15, 2011	
	1 DAY	2 DAYS	1 DAY	2 DAYS
Physicians	\$220	\$310	\$260	\$340
Nurses, Residents,	\$190	\$270	\$230	\$305
Respiratory Therapists	\$180	\$250	\$215	\$290
EMS, Firefighter, First Responder	\$160	\$210	\$200	\$255
MONSOON MADNESS- Thursday Aug 11- \$15 PER PERSON-includes dinner and western music				
Golf Outing Wednesday August 10th- \$70 per player – includes greens fees and tee prizes- Contact Casey Jack- Native Air casey.jack@omniflight.com for details				

I WILL BE ATTENDING

- Both days
- Thursday, Aug 11th only
- Friday August 12th only

Cancellations and Refunds

In order to receive a refund, cancellation requests must be made in writing and postmarked by July 15, 2011, No cancellations will be accepted by phone. Speakers and topics are subject to change. In the unlikely event that this conference is cancelled, all pre-paid registration fees will be refunded.

None of the registration fee is considered a tax deductible donation.

Registration fees \$ _____

Monsoon Madness \$ _____

Golf Outing (WED) \$ _____

Total \$ _____

Make checks Payable to SATNET or charge to Visa or Mastercard (circle one)

Cardholder name _____

Account Number _____

Expiration Date _____ CVV# _____

Mail registration to:

SATNET - 6890 E Sunrise Dr , PMB 496

Tucson, AZ 85750