

## 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 6-7, 2009 Tucson Convention Center 260 S. Church Avenue, Tucson, Arizona 85701

\*Name include degrees and/or certifications (Example: Doe, RN, MS, MBA, etc.)

Last Name:	First Name:	Middle Initial:	Last Degrees:
Position:			
<input type="checkbox"/> CEP, EMT, Firefighter <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> RT <input type="checkbox"/> Other: _____ <small>(please specify)</small>			
*Title: (Example: Nurse Manager, Director, Captain, etc.)			
RN or RT License Number:			
*Organization:			
Organization Address:			
*City: <small>*Will appear on name badge</small>		*State/Country:	*Zip Code:
Home Address: (Not for Publication) (Next year's brochure will be mailed to your home address)			
City: (    )		State/Country: (    )	Zip Code:
Home Phone:		Work Phone:	
E-mail Address: Work   Home (please circle)			

REGISTRATION FEES	Postmarked on or before July 8, 2009		Postmarked after July 8, 2009	
	1 DAY	2 DAYS	1 DAY	2 DAYS
Physicians	\$185	\$260	\$220	\$295
Nurses, Residents, Others (e.g. Surgical Techs)	\$155	\$220	\$190	\$255
Respiratory Therapists	\$145	\$205	\$180	\$240
Paramedics and EMT's	\$120	\$170	\$155	\$205

**NOTE:** Current SATNET associates can deduct \$15.00 from their registration fee for one day attendance or \$25.00 from their fee for both days.

**I WILL BE ATTENDING:**

- Both Days  
 August 6th Only  
 August 7th Only

**CANCELLATIONS AND REFUNDS:**  
In order to receive a refund, cancellation requests must be made in writing and postmarked by July 11, 2007. No cancellations will be accepted by phone. Speakers are subject to change. In the unlikely event that this conference is cancelled, conference fees will be refunded to pre-registered participants.

**NOTE: NONE OF THE REGISTRATION FEE IS CONSIDERED A TAX DEDUCTIBLE DONATION.**

- SATNET Attendee:**  
 Yes, please enroll me as an associate and I will add \$10 to my registration amount.

- INCLUDES:**
- Free T-Shirt or Hat
  - Free Monsoon Madness
  - Souvenir Discounts
  - Free Raffle Tickets

#### Make Checks Payable to SATNET



**Mail Registration Form and Check to:**

Clint Brown, Conference Director  
Southern Arizona Trauma Network  
P.O. Box 43818  
Tucson, AZ 85733-3818

- VISA   
  MASTERCARD

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date+CVV#: \_\_\_\_\_

Signature: \_\_\_\_\_