

**SOUTHEASTERN TRAUMA SYMPOSIUM
Registration Form**

November 5 and 6, 2009

(Print information clearly)

NAME _____ TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Place of Employment/Hospital Affiliation/School _____

Specialty: ED ICU OR Floor Med/Surg Other _____

Contact telephone number _____ Home Mobile Work

Registration confirmation will be via email

E-mail address _____

2-day registration rate is \$225.00 1-day registration rate is \$ 175.00

If attending one day check one: Thursday Friday

(Check applicable status)

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse (RN or LPN) |
| <input type="checkbox"/> PA/CRNA/ACNP | <input type="checkbox"/> EMT/Paramedic |
| <input type="checkbox"/> Trauma Registrar | |

Amount Enclosed \$ _____

Registration Information

REGISTRATION SPECIAL: Send six participants for the price of five. Send in five (5) paid registrations and a sixth person can go for free. All registration forms, including the free registration must be mailed together in the same envelope.

No refund will be granted unless called to active duty. Substitutions may be made.

TASC reserves the right to substitute an equally qualified speaker without notice.

Make check payable to Trauma Association of South Carolina. Sorry, no credit cards. Please complete and mail this form with your check to:

**Trauma Association of South Carolina
P.O. Box 11254
Columbia, SC 29211**

TASC Tax ID # 58-2353898