



# TOPIC Registration Form

One form per registrant. Duplicate as needed.



February 22, 2016

North Central Texas Trauma Advisory Council  
Arlington, 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

North Central Texas Trauma Regional Advisory Council  
600 Six Flags Drive, Ste. 160  
Arlington, TX 76011  
817-607-7022