



# TOPIC REGISTRATION FORM

One form per registrant. Duplicate as needed.

Wyndham Garden Hotel Austin  
In Conjunction with GETAC  
Committee Meetings  
Wednesday, February 27, 2019  
Austin, TX



## BADGE/LIST INFORMATION (please type or print)

FULL NAME: \_\_\_\_\_ PROFESSIONAL CREDENTIAL(S): \_\_\_\_\_

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_ TRAUMA LEVEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

YEARS IN CURRENT POSITION: \_\_\_\_\_ ANY SPECIAL NEEDS: \_\_\_\_\_

## COURSE INFORMATION

The course is scheduled to take place on:  
**Wednesday, February 27, 2019**  
Registration and breakfast begin at 7:00 a.m.

### **Course Location**

Wyndham Garden Hotel Austin  
3401 South IH-35  
Austin, TX 78741

**Meeting Room:** TBD

## REGISTRATION FEES & PAYMENT INFORMATION

Registration Fee **\$350** (US funds only)

*\*Breakfast, lunch and breaks are included with your registration.*

Discount Code (if applicable): \_\_\_\_\_

### **Payment by Check**

Make check payable to Society of Trauma Nurses  
446 East High Street, Suite 10  
Lexington, KY 40507  
Check # \_\_\_\_\_

- Enclosed
- In the Mail

*\*Registration will not be processed until payment is received.*

### **Payment by Credit Card**

Fax: (859) 271-0607  
Email: [info@traumanurses.org](mailto:info@traumanurses.org)

- VISA
- MasterCard
- AMEX
- Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_