



TOPIC REGISTRATION FORM

One form per registrant. Duplicate as needed.

Nacivent Health
Peyton Anderson Health Education Center
Friday, June 23, 2017
Macon, Georgia



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:
Friday, June 23, 2017
Registration and breakfast begin at 7:00 a.m.

Course Location

Nacivent Health
Peyton Anderson Health Education Center
Meeting Room: WT3
777 Hemlock Street
Macon, GA 31201
Phone: (478) 633-1199

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

- VISA
- MasterCard
- AMEX
- Discover

Account Number Exp. Date

Name as it appears on card

Signature