



TOPIC REGISTRATION FORM

One form per registrant. Duplicate as needed.

Best Western Premier
The Central Hotel & Conference Center
In Conjunction PTSF Spring Mini-Conference
Monday, June 22, 2020
Harrisburg, PA



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:
Monday, June 22, 2020
Registration and breakfast begin at 7:00 a.m.

Course Location

Best Western Premier
The Central Hotel & Conference Center
800 East Park Drive
Harrisburg, PA 17111
(717) 561-2800
Meeting Room: TBD

REGISTRATION FEES & PAYMENT INFORMATION

Registration Fee **\$400** (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 _____