

ONSITE REGISTRATION FORM

ONSITE REGISTRATION IS CASH ONLY.
We cannot accept checks or credit cards

**TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY
2019 (TCCACS)**

	ONSITE PAYMENT
<input type="checkbox"/> Practicing Physicians	\$925
<input type="checkbox"/> Nurses	\$775
<input type="checkbox"/> Paramedics & EMT's	\$775
<input type="checkbox"/> Physician Assistants, NPs	\$775
<input type="checkbox"/> Residents*	\$600
<input type="checkbox"/> Other Allied Health Care Professionals	\$775

Specify _____

MEDICAL DISASTER RESPONSE 2019

All Attendees \$500

COMBINATION RATE - Save by attending two conferences!

TCCACS & MEDICAL DISASTER RESPONSE

<input type="checkbox"/> Practicing Physicians	\$1275
<input type="checkbox"/> Non Physicians	\$1125
<input type="checkbox"/> Residents*	\$950



I have read and agree to the cancellation policy
**(Box must be checked BEFORE registration can
be processed)**

Name _____

Degree _____ Specialty _____

Address _____

City _____ State/Province _____

Zip Code _____ Country _____

E-mail _____

Phone _____ Fax _____

Check here if ADA (American with Disabilities Act) accom-
modation is required. An TCCACS staff person will contact you.
Please specify: Audio Visual Mobile
Other, please specify: _____

*Residents must submit a department letter certifying
status as a resident in good standing

Mail completed registration form along with check or money order to:
Mary Allen, Program Coordinator
Trauma & Critical Care Foundation
P.O. Box 35850
Houston, Texas 77235