MAIL IN REGISTRATION FORM

COMPLETE AND MAIL IN THIS FORM WITH CHECK OR MONEY ORDER

TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2020 (TCCACS)

	EARLY	LATE After 2/23/2020
☐ **Practicing Physicians**	$925	$1025
☐ **Nurses**	$800	$900
☐ **Paramedics & EMT's**	$800	$900
☐ **Physician Assistants, NPs**	$800	$900
☐ **Residents***	$500	$600
☐ **Other Allied Health Care Professionals**	$800	$900

Specify_______________________________

MEDICAL DISASTER RESPONSE 2020

☐ **All Attendees**	$475	$550

COMBINATION RATE - Save by attending two conferences!

TCCACS & MEDICAL DISASTER RESPONSE

☐ **Practicing Physicians**	$1250	$1425
☐ **Non Physicians**	$1150	$1075
☐ **Residents***	$775	$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) accommodation 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