

**TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY  
2022 LIVE IN LAS VEGAS**

**ONSITE REGISTRATION**

**\*\*CASH PAYMENT ONLY\*\***

***We cannot accept checks or credit cards***  
**Email completed form to [Plisa@aol.com](mailto:Plisa@aol.com) to register**

- |   |        |
|---|--------|
| <input type="checkbox"/> Practicing Physician | \$1050 |
| <input type="checkbox"/> Nurse                | \$925  |
| <input type="checkbox"/> Paramedic or EMT     | \$925  |
| <input type="checkbox"/> APP                  | \$925  |
| <input type="checkbox"/> Resident*            | \$625  |
| <input type="checkbox"/> Health Professional  | \$925  |

Specify \_\_\_\_\_

**MEDICAL DISASTER RESPONSE 2022**

- All Attendees "Live in Las Vegas" \$575

**COMBO RATE - Save by attending two conferences!**

COMBO  
RATE

**TCCACS & MEDICAL DISASTER RESPONSE "LIVE IN LAS VEGAS"**

- |   |        |
|---|--------|
| <input type="checkbox"/> Practicing Physician | \$1450 |
| <input type="checkbox"/> Non Physician        | \$1300 |
| <input type="checkbox"/> Resident*            | \$975  |

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**