TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY
2024 LIVE IN LAS VEGAS

	EARLY	LATE After 3/14/2024
☐ Practicing Physician	$950	$1125
☐ Non-Physician (APP, Nurse, Paramedic or EMT)	$825	$975
☐ Resident*	$550	$675
☐ Active Military**	$700	$700
☐ Health Professional (non MD)	$825	$975

MEDICAL DISASTER RESPONSE 2024

☐ All Attendees "Live in Las Vegas"	$475	$600

COMBO RATE - Save by attending two conferences! COMBO RATE

TCCACS & MEDICAL DISASTER RESPONSE "LIVE IN LAS VEGAS"

☐ Practicing Physician	$1275	$1525
☐ Non-Physician	$1175	$1350
☐ Resident & In Training Fellow*	$800	$1025
☐ Active Military**	$1000	$1000

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: _____

☐ **I have read and agree to the cancellation policy & understand a $175 nonrefundable processing fee applies to all registrations.**
(Box must be checked BEFORE registration can be processed)
***Requires letter from Program Director certifying status**
****Requires letter verifying active duty Status**

☐ On my own behalf and on behalf of those I am registering, I acknowledge that travel to and attending in person meetings entails the risk of contracting communicable diseases; I agree to waive and hold the Trauma & Critical Care Educational Foundation, the facility, and each of their agents harmless from and against any liability, damages or expenses arising from travel to or attendance at the event that result in contracting communicable diseases; I agree to follow all health and safety protocols announced by the Trauma & Critical Care Educational Foundation, the facility, and governmental authorities. I confirm that I am authorized to make these agreements for each of the individuals I am registering/attending this meeting.

DETACH AND MAIL COMPLETED REGISTRATION FORM ALONG WITH YOUR CHECK OR MONEY ORDER TO:

Mary Allen, Program Coordinator
Trauma & Critical Care Foundation
6300 West Loop South, Suite 655
Bellaire, Texas 77401