CONFERENCE REGISTRATION FORM

2009 "February in Phoenix" Trauma Symposium

Tuition	Early (before 12/15/08)	Late
MD's/PhD's	$375	$420
Residents/Nursing/Therapy/Social Work/NP's/PA's	$200	$240
EMT's/Paramedics/Other	$ 90	$120

Please fill in the information requested below: *(Please Print)*

Name (First/Middle/Last)_____

Email _____

○ MD ○ DO ○ RN ○ PA ○ NP ○ PT ○ OT ○ ST ○ Other _____

Address _____ City_____ State_____ Zip_____

Business Phone_____ Fax_____

Payment

○ Check enclosed made payable to: St. Joseph's Hospital Trauma Center

○ Charge: ○ Visa ○ American Express ○ Mastercard

Card #_____ Expires_____

Verification #_____ Billing Zip Code_____

Printed Name on Card_____

I authorize St.Joseph's Hospital to charge the amount determined by the Conference Planning Office as registration fees to my credit card.

Signature_____

Attendance to this educational program is limited to paid participants only. Accordingly, attendance by guests or spouses is not appropriate. Continental breakfast and lunch is also for paid participants only. Should you require a special menu you must request this three weeks in advance and we will do our best to accommodate your needs.

Return registration form with payment to:

St. Joseph's Hospital / Level I Trauma Center
350 W. Thomas Road, Phoenix, Arizona 85013

Fax to: (602) 294-5644