



BASE HOSPITAL / EMERGENCY DEPT.

6th Annual Trauma in the White Mountains

NPC Performing Arts Center * Snowflake, Arizona

Friday, April 22, 2016 * 8:00 a.m. to 5:00 p.m.

REGISTRATION \$30

Includes Lunch and T-Shirt (if registered by April 8th)

☺ DOOR PRIZES ☺ VENDORS ☺ DOOR PRIZES ☺ VENDORS

GUEST SPEAKER: Thomas Scalea, M.D.

Physician-in-Chief – R. Adams Cowley Shock Trauma Center
Baltimore, MD

ADDITIONAL SPEAKERS:

To Register:

Copy and detach here

FAX to: (928) 537-6764 or send to Summit Healthcare Base Hospital

2200 E. Show Low Lake Road, Show Low, AZ 85901

Or RSVP to DeAnne Freter, RN via phone 928-892-2790 or dfreter@summithealthcare.net

Name: _____ Agency: _____

Address: _____

Phone: _____ e-mail: _____

Title (EMT, CEP, RN, etc.): _____

Payment Method: Cash _____ Check: _____ Credit Card: _____

Name on Credit Card: _____ Type of Card: _____

Card Number: _____ Expires: _____ Sec. Code: _____

T-Shirt Size: Small _____ Med _____ Lg _____ X-Lg _____ XX-Lg _____ XXX-Lg _____



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VENDOR REGISTRATION FORM

6th Annual Trauma in the White Mountains
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Friday, April 22, 2016 * 8:00 a.m. to 5:00 p.m.

Name of Business/Organization: _____

Mailing Address: _____

City, State, Zip: _____

Name(s) of Contact Person(s):

1) _____ Phone: (____) _____ E-Mail: _____

2) _____ Phone: (____) _____ E-Mail: _____

Describe products/services you propose to sell/exhibit at conference:

Equipment provided: 1 – 6’ table, 2 chairs

Do you need electricity: ____ Yes ____ No

Vendor area will be in the front of the auditorium and wrap around the hallways; all within the front entrance. A map will be included you your arrival; someone will be assigned to help you find your booth. Vendors can set up as early as 6:30 a.m.; registration will begin at 7:30 a.m. for participants. Vendor Fee will include lunch for two people per booth.

Please submit applications as early as possible to secure your space. This year there are already several interested vendors and we want to make space available for all of you. Application deadlines will be March 11, 2016. Please be sure to include all products/services you intend to market or offer on this form. The Trauma Committee reserved the right to deny further participation to vendors who sell or market products that have not been disclosed on this form. All applications must be reviewed and approved by the Trauma Committee.

Vendor Fee: \$150.00 or a Door Prize(s) equivalent to \$150.00

For questions or further information, please contact DeAnne Freter at 928-892-2790 or email at dfreter@summithealthcare.net. Return completed application forms and payments to: Summit Healthcare Regional Medical Center, E.R./Base Hospital, 2200 E. Show Low Lake Road, Show Low, AZ 85901. Checks are to be made payable to “Summit Healthcare Base Hospital”. Credit cards may also be used:

Name on Credit Card: _____ Type of Card: _____

Card Number: _____ Expires: _____ Sec. Code: _____