

REGISTRATION FORM

NAME _____

POSITION/TITLE _____

ORGANIZATION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____

EMAIL _____

Vegetarian Meal

Special Needs _____

Registration Fee

Early registration fee is \$80 if postmarked two weeks prior to event.

Regular registration fee is \$90 if postmarked after this date.

The Registration Fee includes continental breakfast, lunch, snack and continuing education credits.

Cancellation Policy

Cancellations will be accepted, in writing, if postmarked two weeks prior to event. 80% of the fee will be refunded, minus 20% for administrative costs.

PAYMENT METHOD

\$ _____

(credit / debit not available)

CHECK # _____

MONEY ORDER

Mail Payment and Registration Form To:

Made payable to ARHA/NORTN

ARHA/NORTN
Regional Trauma Conference
3200 West Market St
Suite 200
Akron, Ohio 44333