

Registration Form - Regional Trauma System Day - August 5-6, 2010 - Austin, Texas

Name \_\_\_\_\_ Degree \_\_\_\_\_

Organization \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Register me for the following:

**Thursday, August 5, 2010**

Dinner & Presentation  
Hyatt Regency Austin  
6:30pm

**Friday, August 6, 2010**

Regional Trauma System Day Meeting  
Hyatt Regency Austin  
8:00am-3:00pm

Meeting Registration Fees

Both Days ----- \$50.00  
Friday Only (MDs and Nurses) ----- \$40.00  
Residents ----- \$20.00

Hotel Information

A block of rooms has been reserved for registrants at the special rate of **\$129.00** plus tax. To make your reservation, contact the **Hyatt Regency Austin** and reference **South Texas Chapter ACS** by **July 16, 2010**.

To reserve your hotel room call **1-800-233-1234**.

Hotel Parking

Self-Parking ..... \$5.00 per day  
Valet Parking ..... \$18 per day

Trauma Committee?

- Yes, I am a member of the South Texas COT  
 No, I am not a member of the South Texas COT

Payment Info

- Fax credit card information to 504-841-0572
- Mail checks to 2420 Athania Parkway, Suite 101, Metairie, LA 70001

Questions?

Contact Janna Pecquet at 504-841-0145 or [janna@southtexasacs.org](mailto:janna@southtexasacs.org).

Card Number

Name on Card

Expiration Date

Billing Address

Billing City/Zip

Signature

**Credit Card Type** (circle one)

Visa                      MasterCard                      AmEx

**Amount to charge on your card:** \$ \_\_\_\_\_