



2008 ATCN Registration  
June 9 & 10, 2008  
June 11 & 12, 2008  
Sept 30 & Oct. 1, 2008

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

RN License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Course Date: June 9 & 10 \_\_\_\_ June 11 & 12 \_\_\_\_ Sept. 30 & Oct 1 \_\_\_\_

**Call 609-441-2165 or email  
trauma.education@atlanticare.org  
prior to registering for  
availability**

Mail to:  
Trauma Department - ATCN  
ARMC  
1925 Pacific Avenue  
Atlantic City, NJ 08401

Course Fee: \$300 (Includes books and materials)

Payment:  
Payment by check or credit card is accepted. Please make check payable to: ARMC Trauma. Please fax registration form with credit card information to the Trauma Department at (609) 441-8178.

<b>Payment information:</b>
Check #: _____
Credit Card Type: _____ <small>(American Express, Discover, MasterCard, Visa, Other)</small>
Credit Card #: _____
Expiration Date: _____
Signature: _____