AtlantiCare
REGIONAL MEDICAL CENTER
The Trauma Center

14th Annual Trauma Symposium - May 21-23, 2012

AtlantiCare Employee - Registration Form

To register, please complete this form and mail or fax (609-441-8178) with full payment to:
ARMC Trauma Center, 1925 Pacific Avenue, 8th Floor, Atlantic City, NJ 08401

Please make checks payable to: **ARMC Trauma Symposium**

☐ Physician ☐ PA ☐ Nurse ☐ Respiratory ☐ ALS ☒ AtlantiCare Employee

Name: Credentials:

Address: Affiliation:

City/State/Zip: Work Phone:

Home Phone: Cell Phone:

Email Address:

AtlantiCare Employee Registration Fees

Early Registration Before May 6	Physician	Nursing	ALS/Allied Healthcare Providers *
May 21-23, 2012 (Full Conference – 18 credits)	$280	$240	$200
May 21 or May 23, 2012 (Half Day – 5 credits)	$100	$80	$60
May 22, 2012 (Full Day – 8 credits)	$160	$140	$120

* Allied Healthcare Provider – Respiratory therapists and physical therapists

- A $40.00 late fee will be charged for registrations received after May 6, 2012.
- Tuition fees include food provided at designated times.
- Four-week cancellation notice is required for a refund.
- Course registration fee is refundable minus a $30 administrative fee.
- On-site registration will be accepted on a space-available basis.

If you need accommodations for special needs, or have special dietary requests, please advise us.

Please register me for the following:

☐ May 21-23, 2012 (Full Conference) $

☐ May 21 or ☐ May 23, 2012 (Half Day) $

☐ May 22, 2012 (Full Day) $

☐ Late Fee after May 6 ($40.00) $ $ (Total)

Payment Information:

Payroll Deduction:

*I authorize AtlantiCare Regional Medical Center to deduct the registration fee for the **14th Annual Trauma Symposium 2012** from my pay as follows:*

☐ **ONE** ☐ **TWO** consecutive pays.

(Please check preference, if no preference is checked; one consecutive pay will be used)

Employee Name: Clock number:

Total Deduction:

Signature: _____

Credit Card:

☐ Visa ☐ MC ☐ AmEx ☐ Discover

Credit Card Number:

CVC Code:

Expiration Date: /

Cardholder's Name:

Signature: _____