

Payroll Deduction Form

AtlantiCare Regional Medical Center
10th Annual Trauma Symposium
Atlantic City Convention Center
May 5-7, 2008



I authorize AtlantiCare Regional Medical Center to deduct the registration fee for the 10th *Annual Trauma Symposium 2008* from my pay as follows:

Please deduct from ONE / TWO consecutive pays
(Please circle preference, if no preference is circled; one consecutive pay will be used)

(Please Print Name Legibly)

(Employee clock number/Department)

(Signature)

(Amount of deduction)