



## 28<sup>th</sup> Annual Trauma Symposium - May 11-13, 2026

### R E G I S T R A T I O N F O R M

To register, please complete this form and mail it with full payment to:  
 ARMC Trauma Center, 1925 Pacific Avenue, 8<sup>th</sup> Floor, Atlantic City, NJ 08401  
 OR Email it to: [Wendi.Finkelstein@atlanticare.org](mailto:Wendi.Finkelstein@atlanticare.org) or fax to: 609-441-8178

Please make checks payable to: ARMC Trauma Symposium

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

Name:

Credentials:

Address:

Affiliation:

City/State/Zip:

Work Phone:

Cell Phone:

Email Address (REQUIRED):

Early Registration By May 4	Physician	Nursing/PA/ ALS/ Respiratory /Other Allied*
<b>May 11-13, 2026</b> (Full Conference - 16 credits)	\$495	\$349
<b>May 11 or May 13, 2026</b> (Half Day - May 11 - 4 credits May 13 - 4 credits)	\$220	\$140
<b>May 12, 2026</b> (Full Day - 8 credits)	\$299	\$220

- A \$50.00 late fee will be charged for registrations received after May 4, 2026.
- Tuition fees include food provided at designated times.
- Four-week cancellation notice is required for a refund.
- Course registration fee is refundable minus a \$75 administrative fee.
- On-site registration will be accepted on a space-available basis.

\*Allied Healthcare Provider - Respiratory therapists, Physical therapists and EMS

#### Please register me for the following:

- ☐ May 11-13, 2026 (Full Conference) \$
- ☐ May 11 or ☐ May 13, 2026 (Half Day) \$
- ☐ May 12, 2026 (Full Day) \$
- ☐ Late Fee after May 4, 2026 (\$50.00) \$ 50.00
- \$ (Total)

#### Payment Information:

<b>Credit Card:</b>  <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover  Credit Card Number:  CVC Code:  Expiration Date:        /  Cardholder's Name:  Signature: _____  Billing Address zip code:	<b>Check</b> (enclosed/attached):  Check number:  Amount:
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