

Registration Form (please print or type / mandatory to complete all fields)

Name & Credentials _____

Title (for CME purposes) _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Office Phone _____

Institutional/Professional Affiliation _____

Registration can be made online using MasterCard or VISA only at <https://www.eventbrite.com/e/25th-annual-connecticut-trauma-conference-tickets-444690099057> or go to www.cttrauma.org and click on the CT Trauma Conference. Online registrations will be **closed on Sunday, March 12 at midnight**. Although online registrations are highly recommended, walk-ins are welcome.

Please register me for:
 Wednesday & Thursday Wednesday Only Thursday Only

Payment enclosed for practicing physician:
 \$450 for both days \$300 for one day
FACS? (please check one) (please check one) yes no FACS number, if applicable _____

Payment enclosed for Resident Physicians, nurses, advanced practice providers, EMS providers or other professionals:
 \$350 for both days \$225 for one day

Make checks payable to **The Connecticut Trauma Conference, Inc.**



Please complete and mail this form with your check to:

CT Trauma Conference, Inc.
PO Box 163
Cromwell, CT 06416

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Registration and Refund Policy

Confirmation of receipt of registration will not be provided. Cancellations and refund requests must be received in writing no later than March 1, 2023 at 5:00 PM. A \$50 handling fee will be deducted from all refunds. No refunds will be granted for requests received after March 12, 2023 at 5:00 PM

For further information contact:

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Provided by the American College of Surgeons and the CT Committee on Trauma
www.cttrauma.org

March 15th and March 16th, 2023