



26th Annual Trauma Symposium - May 20-22, 2024

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 (REQUIRED): _____

Early Registration By May 13	Physician	Nursing/PA/ ALS/ Respiratory /Other Allied*
May 20-22, 2024 (Full Conference - 16 credits)	\$370	\$265
May 20 or May 22 (Half Day - May 20 4 credits or May 22 -4 credits)	\$170	\$105
May 21, 2024 (Full Day - 8 credits)	\$230	\$165

- A \$40.00 late fee will be charged for registrations received after May 13, 2024.
- Tuition fees include food provided at designated times.
- Four-week cancellation notice is required for a refund.
- Course registration fee is refundable minus a \$50 administrative fee.
- On-site registration will be accepted on a space-available basis.

*Allied Healthcare Provider - Respiratory therapists and physical therapists

Please register me for the following:

- | | | |
|---|----------|---------|
| <input type="checkbox"/> May 20-22, 2024 (Full Conference) | \$ | |
| <input type="checkbox"/> May 20 or <input type="checkbox"/> May 22, 2024 (Half Day) | \$ | |
| <input type="checkbox"/> May 21, 2024 (Full Day) | \$ | |
| <input type="checkbox"/> Late Fee after May 13, 2024 (\$40.00) | \$ 40.00 | |
| | \$ | (Total) |

Payment Information:

<p>Payroll Deduction:</p> <p><i>I authorize AtlantiCare Regional Medical Center to deduct the registration fee for the 26th Annual Trauma Symposium 2024 from my pay as follows:</i></p> <p style="text-align: center;"><input type="checkbox"/> ONE <input type="checkbox"/> TWO consecutive pays.</p> <p style="text-align: center;">(Please check preference, if no preference is checked; one consecutive pay will be used)</p> <p>Employee Name: _____ Clock number: _____</p> <p>Total Deduction: _____</p> <p>Signature: _____</p>	<p>Credit Card:</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover</p> <p>Credit Card Number: _____</p> <p>CVC Code: _____</p> <p>Expiration Date: _____ / _____</p> <p>Cardholder's Name: _____</p> <p>Signature: _____</p> <p>Billing Address: _____</p>
---	---