



27th Annual Trauma Symposium - May 19-21, 2025

REGISTRATION FORM

To register, please complete this form and mail it with full payment to:
 ARMC Trauma Center, 1925 Pacific Avenue, 8th Floor, Atlantic City, NJ 08401
 OR Email it to: 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 12	Physician	Nursing/PA/ ALS/ Respiratory /Other Allied*
May 19-21, 2025 (Full Conference - 16 credits)	\$450	\$325
May 19 or May 21, 2025 (Half Day - May 19 - 4 credits May 21 - 4 credits)	\$200	\$125
May 20, 2025 (Full Day - 8 credits)	\$275	\$200

- A \$40.00 late fee will be charged for registrations received after May 12, 2025.
- 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 19-21, 2025 (Full Conference) | \$ | |
| <input type="checkbox"/> May 19 or <input type="checkbox"/> May 21, 2025 (Half Day) | \$ | |
| <input type="checkbox"/> May 20, 2025 (Full Day) | \$ | |
| <input type="checkbox"/> Late Fee after May 12, 2025 (\$40.00) | \$ 40.00 | |
| | \$ | (Total) |

Payment Information:

<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 (including zip code): _____</p>	<p>Check (enclosed/attached):</p> <p>Check number: _____</p> <p>Amount: _____</p>
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