



16th Annual Trauma Symposium – Multi System Trauma Update
Saturday, October 2, 2010
InterContinental Hotel & Conference Center
9801 Carnegie Avenue, Cleveland, Ohio

REGISTRATION FORM

Four ways to register...

1. Mail this registration form with your check, purchase order, or credit card number to: Cashier's Office, Huron Hospital, 13951 Terrace Road, East Cleveland, OH 44112
2. Fax this form with your credit card number to **216.761.7579** (secured fax line).
3. Phone **216.761.7984** (secured line) with the information requested below and your credit card number.
4. Register online at www.clevelandclinicEMS.com

Name _____

Degree(s) _____

Street Address _____

City _____ State _____ Zip _____

Hospital/Service Affiliation _____

Specialty _____

Contact Information: Telephone _____

Email _____

Fees

\$80 Physicians/PAs \$ _____

\$40 EMS \$ _____

\$50 Nurses \$ _____

\$20 Cleveland Clinic/Regional Hospitals Residents/Students \$ _____

\$30 Non-Cleveland Clinic Residents/Students \$ _____

Onsite registration will be an additional \$20.00

I require a vegetarian lunch.

Enclosed is my check payable to: Huron Hospital

Charge my: VISA MasterCard AmEx Discover

Acct. #: _____ Exp. Date _____

Signature: _____

(Not valid without signature.)