

**PTS 4<sup>th</sup> ANNUAL MEETING / CHARLESTON, SOUTH CAROLINA / NOVEMBER 2-4, 2017  
REGISTRATION FORM**

**PLEASE PRINT OR TYPE**

**NAME:** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**INSTITUTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/PROVINCE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

<b>REGISTRATION FEES</b>				
<b>Quantity</b>	<b>Item</b>	<b>Early Bird (through 10/01/17)</b>	<b>Regular (10/02/17 - 11/1/17)</b>	<b>Onsite</b>
<b>PTS Annual Meeting</b>				
_____	Physician Member	\$500	\$525	\$600
_____	Physician Non-Member	\$575	\$600	\$675
_____	Nurse Member	\$325	\$350	\$425
_____	Nurse Non-Member	\$400	\$425	\$500
_____	PA, Manager, Therapist Member	\$325	\$350	\$425
_____	PA, Manager, Therapist Non-Member	\$400	\$425	\$500
_____	EMS/Researcher Member	\$150	\$175	\$200
_____	EMS/Researcher Non-Member	\$200	\$225	\$250
_____	Resident	\$325	\$350	\$425
<b>EMS 1-Day Pass</b>				
_____	EMS Member	\$25	\$50	\$75
_____	EMS Non-Member	\$50	\$75	\$100
<b>Hands-on Courses – Separate Registration Required</b>				
_____	EMS/Prehospital Simulation Course – Thursday	\$50	\$75	\$100
_____	Disaster Triage Course – Friday	\$50	\$75	\$100
<b>Early Riser Sessions – Separate Registration Required</b>				
_____	Session 1a: Abusive Head Trauma, Friday, November 3 <sup>rd</sup>	\$50	\$50	N/A
_____	Session 1b: General Trauma, Friday, November 3 <sup>rd</sup>	\$50	\$50	N/A
_____	Session 2a: Trauma Research, Saturday, November 4 <sup>th</sup>	\$50	\$50	N/A
_____	Session 2b: Global Health, Saturday, November 4 <sup>th</sup>	\$50	\$50	N/A

**METHOD OF PAYMENT**

Fees payable via MasterCard, Visa, American Express, or check drawn on a US bank

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 **Check Enclosed**  
 Checks payable to PTS

Where is your Card Security Code? Your credit card's security code is a 3-digit number located on the front or back of your credit card.

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**SECURITY CODE:** \_\_\_\_\_

**BILLING ADDRESS**

(If not the same as address listed above)

**SIGNATURE:** \_\_\_\_\_

I authorize PTS to charge my credit card the above fees.

**Please make checks (in U.S. funds) payable to:**  
**PTS ♦ 500 Cummings Center, Suite 4400 ♦ Beverly, Massachusetts 01915 ♦ Fax: 978-524-0461**

*All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office on or before Friday, October 27, 2017 the registration fee, less a \$25 administrative fee, will be refunded after the meeting. Refund requests received after October 27<sup>th</sup> will not be honored.*