



**MAILING LIST ORDER FORM**

The final pre-registration list is available in Excel format via email on a one time, one use basis after **October 18, 2018**. The cost is \$100.00. You may also order the Final Registration list which will be sent out approximately 2 weeks after the end of the meeting. Payment and a copy of your mail piece must be included with order form and sent to:

**Pediatric Trauma Society**  
 500 Cummings Center, Suite 4400, Beverly, MA 01915  
 Telephone: 978-927-8330, Fax: 978-524-0461  
[industry@PediatricTraumaSociety.org](mailto:industry@PediatricTraumaSociety.org)

- Pre registration list \$100.00
- Final registration list \$100.00

TOTAL CHARGE: \_\_\_\_\_

Please charge my      

Card # \_\_\_\_\_ Sec. Code \_\_\_\_\_ Exp \_\_\_\_\_

**Secure Fax: + 978.524.0461** *This form must be faxed if credit card number is showing. **DO NOT EMAIL.***

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I understand by ordering the list(s), I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

**Contact Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Telephone*