

PTS

Our Mission

Improving pediatric trauma outcomes



Our Vision

To be the global leader in pediatric trauma through optimal care

pediatric trauma society
A Voice for the Injured Child

The PTS is the product of the collaborative vision of many pediatric trauma healthcare providers from around the world. Filling a void, PTS is working toward becoming the resource for both pediatric and adult trauma care providers to improve pediatric trauma care regardless of where injured children are cared for. The PTS is a multidisciplinary Society.

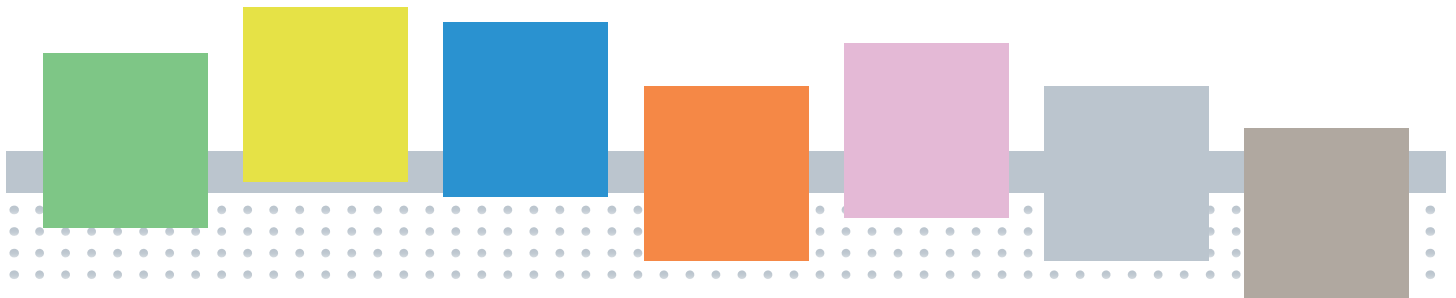
Membership is open to all professionals dedicated to the care of injured children.

Members of PTS are welcome and encouraged to **participate in one of our six committees:** Advocacy/Injury Prevention, Education, Guidelines, Research, Technology, and Membership.

PTS Members receive:

- Educational offerings related to pediatric trauma
- Networking with peers from multitude of disciplines
- Regular electronic newsletters
- Members only access to benchmarking studies
- Members only access to guidelines

Become a part of this truly unique organization today and help shape the future of our specialty! Visit pediatrictraumasociety.org



PEDIATRIC TRAUMA SOCIETY



Membership Application

First Name _____ Middle Initial _____ Last Name _____ Degrees _____
 Institution _____
 Department _____
 Job Title _____
 Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone _____ Fax _____
 I would prefer to receive my mailings at home
 Home Address _____ Street _____
 City _____ State _____ Zip _____
 Home Phone _____ Please also include institutional information for our records.

MEMBERSHIP CATEGORIES

Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO) 1 year /\$200
 PhD, Researcher 1 year /\$100
 Nurses, PharmD, Program Managers, Critical Care Staff, Advanced Practice Nurse, Physician Assistant 1 year /\$50
 EMS (all levels), Injury Prevention, Advocacy, Research/Data Coordinator 1 year /\$25
 Student 1 year /\$25
 International Physician (MD, DO) 1 year /\$200
 International PhD, Psychologist doctorate 1 year /\$50
 International Advanced Practice Provider, Nurse, PA, Program Manager, Critical Care Staff 1 year /\$25

METHOD OF PAYMENT

Please charge my registration fees to the following credit card:  MasterCard  Visa  American Express

Name as it Appears on the Credit Card: _____

Billing Address of Card Holder: Same as above or _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____

Security Code: _____ (See card images below.) Where is your card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back.

Signature: _____



I would like to pay by check (enclosed)

PLEASE MAKE CHECKS (IN U.S. FUNDS) PAYABLE TO:

Pediatric Trauma Society, 500 Cummings Center, Suite 4400, Beverly, MA 01915

Phone: 978-927-8330 | Fax: (978) 524-0461 | www.pediatrictraumasociety.org