

# 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*

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](http://pediatrictraumasociety.org)*

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.

PTS Members are welcome and encouraged to participate in one of our nine committees.

Advanced Practice Provider Committee

Injury Prevention / Advocacy Committee

Program Committee

Education Committee

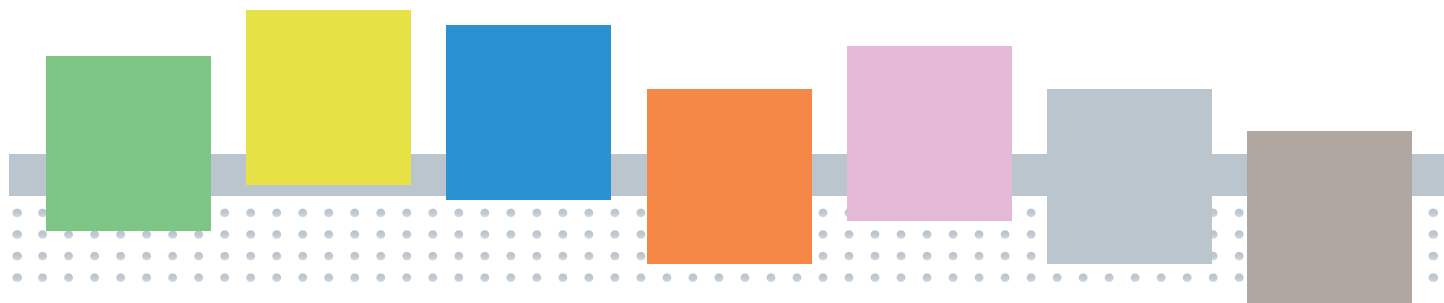
Membership Committee

Publications Committee

Guidelines Committee

Nurse Leadership Committee

Research Committee



# 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	United States	International	DUES
MD, DO	<input type="checkbox"/>	<input type="checkbox"/>	\$250
Academic Researcher (PhD, MPH and Masters)	<input type="checkbox"/>	<input type="checkbox"/>	\$125
Nurses, PAs, Program Manager, Advanced Practice Nurse, Allied Health Staff (Injury Prevention, Critical Care Staff, Therapists, Advocacy, Research/Data Coordinator, Social Workers, Pharmacists)	<input type="checkbox"/>	<input type="checkbox"/>	\$75
EMS	<input type="checkbox"/>	<input type="checkbox"/>	\$50
Resident/Student/Fellow	<input type="checkbox"/>	<input type="checkbox"/>	\$50

## Payment Methods

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](http://www.pediatrictraumasociety.org)