

PTS 5th ANNUAL MEETING / HOUSTON, TEXAS / NOVEMBER 8-10, 2018
REGISTRATION FORM

PLEASE PRINT OR TYPE

NAME: _____

SPECIALTY: _____

INSTITUTION: _____

ADDRESS: _____



CITY: _____ **STATE/PROVINCE:** _____ **ZIP:** _____ **COUNTRY:** _____

PHONE: _____ **EMAIL:** _____

REGISTRATION FEES				
Quantity	Item	Early Bird (through 10/17/18)	Regular (10/18/18 - 11/1/18)	Onsite
PTS Annual Meeting				
_____	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
_____	Academic Researcher Member	\$325	\$350	\$425
_____	Academic Researcher Non-Member	\$375	\$400	\$475
_____	EMS Member	\$150	\$175	\$200
_____	EMS Non-Member	\$200	\$225	\$250
_____	Fellow, Resident, Student	\$325	\$350	\$425
EMS 1-Day Pass				
_____	EMS Member	\$25	\$50	\$75
_____	EMS Non-Member	\$50	\$75	\$100
Hands-on Courses – Separate Registration Required				
_____	Developing and Delivering Successful Pediatric Trauma Simulations for Prehospital Providers: A Train the Trainer Course– Wednesday	\$50	\$75	\$100
_____	Pediatric Trauma Simulations for Prehospital Providers – Wednesday	\$50	\$75	\$100
_____	Are you Prepared for a Disaster? Using Simulation for Pediatric Disaster Triage Education – Thursday	\$50	\$75	\$100
Early Riser Sessions – Separate Registration Required				
_____	Session 1A: GRADE Methodology, Friday, November 9 th	\$50	\$50	N/A
_____	Session 1B: TQIP, Friday, November 9 th	\$50	\$50	N/A
_____	Session 2A: Research Methodology, Saturday, November 10 th	\$50	\$50	N/A
_____	Session 2B: ACS Verification, Saturday, November 10 th	\$50	\$50	N/A

METHOD OF PAYMENT

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

- 
 
 
 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 Wednesday, October 17, 2018 the registration fee, less a \$25 administrative fee, will be refunded after the meeting. Refund requests received after October 17th will not be honored.