



# TOPIC Registration Form

One form per registrant. Duplicate as needed.  
in conjunction with the AAST Annual Meeting and Clinical  
Congress of Acute Care Surgery

## Wynn Las Vegas

Las Vegas, NV

September 8, 2015



BADGE/LIST INFORMATION (please type or print)

FULL NAME: \_\_\_\_\_ PROFESSIONAL CREDENTIAL(S): \_\_\_\_\_

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_ Trauma Level: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ANY SPECIAL NEEDS: \_\_\_\_\_

### COURSE INFORMATION

The course is scheduled to take place at on  
**Tuesday, September 8, 2015.** Registration  
and breakfast begins at 7:00am.

#### Course Location:

in conjunction with the AAST Annual Meeting and  
Clinical Congress of Acute Care Surgery  
Wynn Las Vegas  
Room: Chambertin 1  
3131 Las Vegas Blvd. South  
Las Vegas, NV 89109  
(702) 770-7000  
(888) 320-7123

#### Online Booking

To book a room, please click on this link.

<https://aws.passkey.com/q/39130120>

AAST has secured a block of rooms at the Wynn  
Las Vegas for attendees of the 74th Annual  
Meeting of AAST and Clinical Congress of Acute  
Care Surgery. The room rate is \$189++ for  
single/double. The room rate listed above does not  
include state and local taxes at 12%. The group  
rate is available September 4-September 16, 2015.  
The cut-off date to receive the special AAST rate is  
July 31, 2015. Reservations received after the cut-  
off date, or after the room block fills, will be based  
on space and rate availability.

### REGISTRATION FEES & PAYMENT INFORMATION

Registration Fee **\$350.00** (US funds only)  
*\*Breakfast, lunch and breaks are included with your registration.*

Discount Code: \_\_\_\_\_

#### Payment by Check

Make check payable to Society of Trauma Nurses  
3493 Lansdowne Dr, Ste 2  
Lexington, KY 40517

#### Check # \_\_\_\_\_

Enclosed  In the mail - to be received by \_\_\_\_\_  
*\*Registration will not be processed until payment is received.*

#### Payment by Credit Card or PO

Fax: 859-271-0607

Email: [info@traumanurses.org](mailto:info@traumanurses.org)

Type:  Visa  MasterCard  AMEX  Discover

Account Number

Exp. Date

Names as it appears on card

Signature

Click here to verify electronic signature