Southern California Trauma Conference Registration Form – Friday, September 10, 2010

(Registration: 0830 – Conference: 0900 - 1600)

Desert Regional Medical Center, Sinatra Education Center, 1150 N. Indian Canyon Drive, Palm Springs, CA

Please print clearly. (This information will be used to create your CE certificate.)

Name: _____

Title: _____

License No.: _____

Company: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Would you like a vegetarian lunch? Y N

Would you like to be on our email list (please circle one): Y N

How did you hear about our conference? _____

Payment Information

Conference Cost: $39 (Group discount: $34 per person when five or more register and pay together.)

We accept checks or credit cards. Please make checks payable to REACH Air Medical Services.

Mail registration form and payment to: REACH on Tour, 451 Aviation Blvd., #201, Santa Rosa, CA 95403

Fax registration form with payment information to: 707 324-2478

I authorize payment to my credit card as follows:*

Credit Card #: _____

Expiration Date: _____ Security Code (on back of card): _____

*Address on credit card should match mailing address above.

CEs provided by REACH

This course provides seven CEs (one CE credit for every hour of education provided).

Nursing CEs: REACH Air Medical Services, Mediplane Inc., is a provider approved by the California Board of Registered Nursing, Provider #9697.

EMS CEs: REACH Air Medical Services, Mediplane Inc., is a provider approved by the State of California, EMT-P Provider #49-0008.

Cancellation Policy

Participants who submit a written request for a refund at least seven days prior to conference will receive a refund, less $10 administrative fees. No refunds will be given after this date.

Questions? Call 888 660-9888 • Email: conferences@REACHair.com