

**65th Annual Detroit Trauma Symposium Registration Form
November 9 – 10, 2017**

One person per registration form. Make copies as needed.

Name _____ Credentials _____

Institution _____

Street Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ E-mail _____

Registration Options

	Early Bird through October 15		Registration after October 15	
	Two-Day Attendance	One Day (check one) Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	Two-Day Attendance	One Day (check one) Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Physician	<input type="checkbox"/> \$400	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$350
Resident/Fellow	<input type="checkbox"/> \$250	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200
Allied Health (RN/LPN/PA/NP)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75	<input type="checkbox"/> \$150	<input type="checkbox"/> \$75
Registration complimentary for WSSS members in good-standing (subject to verification)				<input type="checkbox"/>

Sunrise Sessions (Optional, no fee) Sessions run simultaneously, register for only **one course per day**. Sign up early – sessions may have limited seating.

Thursday, November 9: Mesh Closure (A) Advanced Ultrasound (B) Stop the Bleeding (C) Injury Prevention (D)

Friday, November 10: Trauma Quality Improvement (E) Delirium (F) Rib Plating (G)

Lunch (complimentary with registration, **RSVP REQUIRED** by October 29) **Thursday** **Friday**

Vegetarian Food allergies (please describe): _____

Payment by Credit Card or Online

Secure and convenient registration is available online at <http://www.DetroitTrauma.org> or you can include your credit card information below and scan/email to cluiz@med.wayne.edu, or fax to 313-577-5310. MasterCard or VISA accepted.

MasterCard Visa Name on Card _____

Credit Card Number _____ Amount to Charge \$ _____

Expiration Date (MM/YY) _____ Signature _____

Payment by Check: Enclosed is my check for \$ _____, made payable to Detroit Trauma Symposium-WSU.

Please return registration form and payment to:

**Detroit Trauma Symposium Registration
Surgery Department/6C-UHC
4201 St. Antoine
Detroit, MI 48201**

Cancellation Policy

Cancellations received prior to October 10, 2017 will be eligible for a full refund. Cancellations received October 10 – October 29, 2017 will be assessed a \$50 administrative fee. No refunds will be made after October 29. Cancellations must be in writing to cluiz@med.wayne.edu.