

**66<sup>th</sup> Annual Detroit Trauma Symposium Registration Form**  
**November 8 – 9, 2018**

*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.

**November 8 & 9:**  (A) Cardiac Echo 1  (D) Cardiac Echo 2

**Prerequisites:** *Ultrasound experience required. Must attend Echo 1 to receive credit for Echo 2*

**Thursday, November 8:**  (B) Airway Management  (C) Trauma Team Leader

**Friday, November 9:**  (E) Burn Research  (F) Violence Intervention  (G) Orthopedic Injuries Trauma

**Lunch** (complimentary with registration, **RSVP REQUIRED** by October 28) **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 may enter your payment information below and email to [cluiz@med.wayne.edu](mailto:cluiz@med.wayne.edu), or fax to 313-577-5310.

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, 2018 will be eligible for a full refund. Cancellations received October 10 – October 28, 2018 will be assessed a \$50 administrative fee. No refunds will be made after October 28. Cancellations must be in writing to [cluiz@med.wayne.edu](mailto:cluiz@med.wayne.edu).