

Trauma Registration Form and Event Information

Name: _____ Title: _____

Place of Work: _____ Dept.: _____

Address: _____

Telephone: _____ E-Mail: _____

License #: _____

MEALS: Friday, 3/23 & Saturday, 3/24, 2012: Continental Breakfast and Lunch will be served
3/23, 2012: Reception 5:15 p.m.– 7:30 p.m.

RECEPTION RSVP: YES _____ NO _____ for attendance

FEE: \$100

Check/Money Order: _____ (Payable to Kaiser) Cash: _____

Fee must be paid prior to registration. If you fax your registration, your spot will not be guaranteed until the check is received. Use the address below to mail check.

LOCATION: Embassy Suites Hotel, 101 McInnis Parkway, San Rafael, Ca. (415) 499-9222 for information. If you wish to book a room, the corporate discount rate is \$145.00. The corporate ID # is 53042100.

CEs: 12 CEs provided for RNs, Paramedics, MFCs, LSWs
12 CMEs for physicians
12 CEs provided for CLS, Certified Phlebotomists
12 CEs provided for Radiology Technicians – approval in process.

REGISTRATION: Complete by 3/16/12. NO REFUNDS after 3/16/12. Refunds are issued:

- Up to seven (7) days before the start of the class
- Within seven (7) days of the cancellation of the class
- Refunds shall not be issued for non-attendance

**TO: Alice Gerhardt
Administration
Kaiser Permanente
99 Montecillo Road
San Rafael, CA 94903**

**E-MAIL: alice.gerhardt@kp.org
FAX: (415) 444-2492
QUESTIONS: Alanna Brogan
(415) 444-2651**

****PLEASE NOTE THAT YOU WILL NOT RECEIVE A CONFIRMATION****