



**STN 13<sup>th</sup> Annual Conference**  
**A World of Discovery**  
**April 7 – 9, 2010**  
**Hilton Orlando, Orlando, Florida**

**Conference Registration Form**  
 One form per registrant.  
 Duplicate as needed.

**BADGE/LIST INFORMATION (please type or print) or Register Online at [www.traumanurses.org](http://www.traumanurses.org)**

Is this your first time attending the STN Annual Conference?  Yes  No

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

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

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

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

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

FIRST NAME FOR BADGE: \_\_\_\_\_ ANY SPECIAL NEEDS: \_\_\_\_\_

**CONFERENCE REGISTRATION**

**Thursday, April 8 – Friday, April 9, 2010**

Conference registration includes sessions and meals Thursday, 4/9/09 - Friday, 4/10/09. For a full list of inclusions, please reference the **Registration Fee** section of the brochure or visit [www.traumanurses.org](http://www.traumanurses.org)

To qualify for the STN member registration fee you must be a member of STN when you register for and attend the Annual Conference or enclose a completed membership application with full payment.

**REGISTRATION FEES**

	<b>By 2/25/10</b>	<b>After 2/25/10</b>
STN Member	<input type="checkbox"/> \$420	<input type="checkbox"/> \$475
Non-Member	<input type="checkbox"/> \$520	<input type="checkbox"/> \$575
Poster Presenter	<input type="checkbox"/> \$370	<input type="checkbox"/> \$425

**ADDITIONAL PROGRAM REGISTRATION**

**Wednesday, April 7, 2010**

	<b>STN Member</b>	<b>Non-Member</b>
TOPIC Course	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Optimal Trauma Center Organization & Management Course	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350
Managing the Neuro-Trauma Patient	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
Pediatric Trauma Care	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
A Primer on Trauma Research & Evidence Based Practice	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

(You can use this form to register for the pre-conference courses only or add it to your conference fee)

**ACTIVITIES**

**Thursday, April 8 ~ Welcome Reception**

Open to pre-conference and full conference attendees.

Yes, I will attend  Unable to attend

**Extra Guest Tickets** # \_\_\_\_\_ Tickets x \$65/each

**BREAKOUT SESSIONS**

Conference Attendees Only. Please **indicate your interest** in attending these **Thursday, 4/8/10** sessions. Choose one session per time slot. Pre-registration is not required for the Thursday afternoon SIG sessions.

**Session 1: 9:15 a.m. – 10:15a.m.**

- Injury Risk in Rural Communities
- Disaster - Top 10 Lessons Learned from Recent Disasters
- Oral Abstract Presentations - Research
- Delirium & Psychosis in the ICU

**Session 2: 10:30 a.m. – 11:30 a.m.**

- Pharmacology – Recombinant Factor VIIa
- Fetal Trauma- The Other Side of Trauma in Pregnancy
- Oral Abstract Presentations – Evidence Based Practice
- What Makes an Alcohol Screening & Brief Intervention Program Successful?

**PAYMENT INFORMATION**

Conference Registration	\$ _____
Additional Program Registration	\$ _____
Guest Tickets	\$ _____
<b>Total Amount Due:</b>	<b>\$ _____ (US funds only)</b>

**Payment by Check**

Make check payable to Society of Trauma Nurses  
 1020 Monarch St, Ste 300B  
 Lexington, KY 40513

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

**Payment by Credit Card**

**Type:**  Visa  MasterCard  AMEX

\_\_\_\_\_  
**Account Number** **Exp. Date**

\_\_\_\_\_  
**Names as it appears on card**