



Southwest Texas Regional Advisory Council

REGIONAL EMERGENCY HEALTHCARE SYSTEMS CONFERENCE



2018

June 25-27, 2018

HYATT HILL COUNTRY RESORT

Name*: _____ Title*: _____

License / Certification*: (circle one) EMS LVN RN PHYSICIAN Other _____

Specialty*: _____

Organization Name*: _____

Address*: _____

City, State, Zip*: _____

Phone*: _____ Email*: _____

*** Required**

Includes Access to Continuing Education Classes, Keynote Presentations, and Conference Sponsored Meals. If registering multiple people, please indicate registration type beside each attendee's title on PG 2.

Registration Type	Early Bird	Full Conference	One Day
EMS	\$170	\$225	\$140
Nurse	\$205	\$275	\$165
Physician	\$245	\$325	\$190
Other _____	\$145	\$195	\$125

Name of First Attendee from Page1: _____ Title: _____

ADDITIONAL ATTENDEE INFORMATION FROM SAME AGENCY / ORGANIZATION

More than 5 attendees may be registered at once. Please include additional pages as necessary.

***Required when registering more than one person**

Name*: _____ Title*: _____

Email*: _____

License*: EMS LVN RN Physician Other _____

Registration Type*: Early Bird Full Conference One Day

Name*: _____ Title*: _____

Email*: _____

License*: EMS LVN RN Physician Other _____

Registration Type*: Early Bird Full Conference One Day

Name*: _____ Title*: _____

Email*: _____

License*: EMS LVN RN Physician Other _____

Registration Type*: Early Bird Full Conference One Day

Name*: _____ Title*: _____

Email*: _____

License*: EMS LVN RN Physician Other _____

Registration Type*: Early Bird Full Conference One Day

PAYMENT INFORMATION

Payment Type: Check Money Order Purchase Order (CIRCLE ONE)

_____ \$ _____
CHECK / MONEY ORDER # AUTHORIZED AMOUNT TOTAL # ATTENDEES

Please Make Check / Money Order Payable To:
SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL
Mail Application and Check / Money Order To:
7500 US HWY 90 WEST
AT&T BLDG, SUITE 200
SAN ANTONIO, TX 78227

Fax Registration and Purchase Orders To: 210-233-5851

Email Registration and Purchase Orders To: education@strac.org

Credit Card Payments Are Accepted At: strac.org/conference

Print Name: _____ Authorized Signature: _____

Title: _____ Date: _____