

## Trauma and Critical Care Conference Registration

### Registration Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Type of CE [Check boxes]:**

- ☐ CME  
☐ EMS  
☐ RN

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Conference [Check boxes]:**

- ☐ Friday \$75.00  
☐ Saturday \$75.00 [Lunch provided]  
☐ Both days \$150.00

**Pre Conference [Check boxes]:**

- ☐ PEPP \$150.00  
☐ CCRN \$200.00  
☐ CISM [No charge]

### Payment Information

Please make checks payable to **SJRMCTrauma Conference** and mail to:

Olivia Velasquez  
800 West Maple Street  
Farmington, NM 87401

**[Please include a copy of this registration form]**

If you wish to pay by credit card, please call:

505.609.6901  
Monday to Friday  
8:00 a.m. to 4:00 p.m.

If you are an SJRMC employee, please register on HealthStream.