



REGISTRATION FORM

2017 Trauma Symposium · Friday, August 25, 2017

Last Day to Register: Friday, July 28, 2017

Last Name: _____ First Name: _____ LAWSON # _____

Employer: FMOLHS/OLOL Other: _____

Credentials: _____ Job Title: _____

Address: _____

Phone: _____ E-mail: _____

- Amount Enclosed: \$75 (Registration FMOLHS and OLOL Team Members/Retirees, Students, PreHospital Providers, LOPA, Neuromedical Staff)
- \$100 (Early Bird Registration - Non-Team Members - **ends 7/28/17**)
- \$120 (Registration for Non-Team Members - **after 7/28/17**)
- \$100 (Registration for Physicians)
- \$750 (Registration for Exhibitors – **includes 1 table/2 chairs**)

Payment: Check Enclosed (**made payable to: OLOLRMC Trauma Symposium**)

Visa Master Card American Express Discover

Credit Card # _____ Exp. Date: _____ CVV# _____

Name (as it appears on credit card): _____

CC Billing Address: Same as above Other: _____
(Include address, city/state and zip)

TRAUMA SPECIALIST PROGRAM · Contact: Geisele DeCuir

Email: geisele.decuir@fmolhs.org · Phone: (225) 765-8635 · Secure Fax: (225) 765-9527

Remit Payment to: OLOLRMC Trauma, 3rd Floor · 5000 Hennessy Blvd. · Baton Rouge, LA 70808