



Attendee NAME _____

REGISTRATION FEES

	EARLY REG <i>By January 20</i>	LATE REG <i>January 21 - February 17</i>	AMOUNT ENCLOSED
<u>ATTENDEES</u>			
Member	\$450	\$550	\$ _____
Guest	\$550	\$650	\$ _____
Resident	\$450	\$550	\$ _____
<u>FAMILY & FRIENDS</u>			
1 st Adult Friend/Family Member	\$100	\$100	\$ _____
Each Additional Adult Friend/Family	\$150 each	\$150 each	\$ _____
Children Under 18	\$50 per child	\$50 per child	\$ _____

LIFT TICKETS

1ST DAY OF SKIING IS BETWEEN FEB 17 - FEB 26	Adult (13-64)	Senior (65 plus)	Child (5-12)	# Adult Tickets	# Senior Tickets	# Child Tickets	TOTAL
1 day	\$103.00	\$93.00	\$63.00				
2 out of 3 days	\$206.00	\$186.00	\$126.00				
3 out of 5 days	\$288.00	\$255.00	\$171.00				
4 out of 6 days	\$372.00	\$332.00	\$220.00				
5 out of 8 days	\$455.00	\$400.00	\$265.00				
6 out of 8 days	\$498.00	\$438.00	\$312.00				
7 out of 9 days	\$539.00	\$469.00	\$357.00				

1ST DAY OF SKIING IS BETWEEN FEB 27 - MAR 15	Adult (13-64)	Senior (65 plus)	Child (5-12)	# Adult Tickets	# Senior Tickets	# Child Tickets	TOTAL
1 day	\$94.00	\$84.00	\$48.00				
2 out of 3 days	\$188.00	\$168.00	\$96.00				
3 out of 5 days	\$267.00	\$237.00	\$141.00				
4 out of 6 days	\$328.00	\$288.00	\$188.00				
5 out of 8 days	\$370.00	\$320.00	\$235.00				
6 out of 8 days	\$396.00	\$336.00	\$282.00				
7 out of 9 days	\$427.00	\$357.00	\$329.00				

TOTAL AMOUNT DUE \$ _____



Attendee NAME

REGISTRATION FEE INCLUDES: All Educational Sessions, Welcome Reception, Awards Banquet, Daily Breakfast, Afternoon Snacks, Ski Race and Mountain Picnic for Registrant.

FAMILY & FRIENDS FEES INCLUDES: Welcome Reception, Awards Banquet, Daily Breakfast, Mountain Picnic and Ski Race. Children's Fee also includes Children's Welcome Party & Banquet. Adult Friends & Family members include: spouses, significant others, in-laws, siblings, non-registered friends, children over 18 and other guests.

Registration Fee does not include membership dues.

Payment **must** accompany registration. Regular Registration must be completed **by Friday, January 20**. Registrations received **after January 20** will incur late fee of \$100. Registrations not received **by Friday, February 17** must be made on-site in Vail. On-Site Registration is available for a \$200 late fee.

Payment Type:	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card Number: _____	Exp Date: _____	CVV: _____	
Name on Card: _____	Signature: _____		
_____	_____		
Card Billing Address	Card City, State & Zip		

TOTAL AMOUNT ENCLOSED \$ _____

MAKE CHECKS PAYABLE TO: **WESTERN TRAUMA ASSOCIATION**

Return Completed Registration form to:
Western Trauma Association
c/o Christine Cocanour, MD, Treasurer
1600 Caramay Way
Sacramento, CA 95818
p: 916.492.2355
f: 916.734.7755
spooksam2000@yahoo.com