

WESTERN TRAUMA ASSOCIATION
Annual Meeting
Crested Butte Mountain Resort
February 22 – 27, 2009

REGISTRATION INSTRUCTIONS

- 1) We encourage everyone to register On-Line at www.WesternTraumaAssociation.org. Online registration payments must be made via credit card using MasterCard or Visa through the Telusys Customer Service Center. TELUSYS will be the only name to appear in your credit card statement if you are registering online and are paying via credit card
 - 2) If you need to pay by check or if you need to use American Express, you will need to do so offline using the attached Registration forms. (Registration via paper form also accepts credit card payments with MasterCard and Visa.)
 - 3) Print out the Meeting Registration Form (page 2 of this document) and the Activities Registration Form (page 3 of this document) and **TYPE** or **PRINT** your information.
 - 4) Fill out both forms completely, one set per registrant.
 - 5) If you invite a guest or resident, please be sure to give them a copy of the Activities Form to submit along with their Registration Form.
 - 6) **Registration Fee includes:** All Educational Sessions, Welcome Reception, Awards Banquet, Daily Breakfast, Afternoon Snacks, and Mountain Picnic for Registrant.
 - 7) **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.
- Pricing for Friends & Family Registration is as follows:
- | | |
|---------------------------------------|-----------|
| 1 st Friend/Family Member: | \$100 |
| Additional Friend/Family Member: | \$150 |
| Children under 18: | \$50 each |
- 7) Registration Fee does not include membership dues.
 - 8) Payment **must** accompany registration. Regular Registration must be completed **by Friday, January 16**. Registrations received **after January 16** will incur late fee of \$100. Registrations not received **by Friday, February 13** must be made on-site in Crested Butte. On-Site Registration is available for an additional \$200 late fee.
 - 9) Send the completed form with payment via fax or regular mail to:

Western Trauma Association
c/o R. Lawrence Reed, II, MD, Treasurer
Room 3289, Building 110
2160 S. First Ave
Maywood, IL 60153
p: 708.327.2695
f: 708.327.3565
rreed@lumc.edu

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ACTIVITIES REGISTRATION FORM

REGISTRANT'S NAME _____

Attending Mountain Picnic YES _____ NO _____
Attending Banquet YES _____ NO _____

****Do not include meeting registrant in count for family activities below****

Family & Friends Breakfasts (Monday 2/23 - Friday 2/27)

Adults (>12 years old – *Excluding meeting registrant*) # of people _____
Children (≤ 12 years old) # of people _____

Mountain Picnic (Tuesday 2/24)

Adults (>12 years old – *Excluding meeting registrant*) # of people _____
Children (≤ 12 years old) # of people _____

Banquet (Thursday 2/26)

Adults (>12 years old – *Excluding meeting registrant*) # of people _____
Children Attending Adult Banquet (≤ 12 years old) # of people _____
Children Attending Kid's' Banquet (≤ 12 years old) # of people _____

RETURN WITH MEETING REGISTRATION TO:

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