ADVANCED CRITICAL CARE & TRAUMA NURSING

REGISTRATION FORM

SEND THIS FORM WITH FULL PAYMENT (U.S. FUNDS) TO:

Contemporary Forums
Attn: Registrar
6377 Clark Ave.
Suite 200
Dublin, CA 94568

OR

REGISTER ONLINE 24/7 AT:
CONTEMPORARYFORUMS.COM

Phone: (800) 377-7707
Fax: (800) 329-9923

CODE ON BACK COVER (ABOVE ADDRESS)**:** _____

REGISTRATION INFORMATION

(Please Print Clearly)

*Name, License/Degrees, Place of Employment, City, State appear on your badge.

*First Name *Last Name

*License/Degrees

*Place of Employment

*City *State

Attendee's email **(Required)**

For confirmation, receipt, handouts prior to conference, and access to your Certificate of Attendance. Provide your best email address as some emails are filtered and blocked.

Home Address

City

State Zip

Daytime Phone(s)

PROFESSIONAL PROFILE

Choose **ONE** category in each section that best applies to you. If you have multiple roles and select the one that occupies the majority of your time. Use "Other" only if none of the choices apply to you.

1. POSITION/ JOB FUNCTION

- ❑ Clinical Nurse Specialist
- ❑ Educator/Instructor
- ❑ Nurse Manager/Assistant
- ❑ Nurse Practitioner
- ❑ Staff/Charge Nurse
- ❑ Other:_____

2. YEARS IN HIGH ACUITY OR CRITICAL CARE

- ❑ 1
- ❑ 2-3
- ❑ 4-7
- ❑ 8-10
- ❑ 11+

3. CLINICAL SETTING

- ❑ Cardiovascular Surgical ICU
- ❑ Combined ICU/CCU
- ❑ Coronary Care Unit
- ❑ Intensive Care Unit
- ❑ Medical/Surgical ICU
- ❑ Neuro/Neurosurgical ICU
- ❑ Progressive Care Unit
- ❑ Respiratory ICU
- ❑ Step Down Unit
- ❑ Trauma Unit
- ❑ Other:_____

We collect this data in order to provide you with information about Contemporary Forums and conferences. If you prefer not to receive further information, please see our privacy statement at **ContemporaryForums.com.**

OFFICE USE ONLY: C____ D____

REGISTER TO ATTEND:

- ❑ **Preconference A:** **Hemodynamic Resuscitation** (October 13 - Morning)
- ❑ **Preconference B:** **Critical Care Pharmacology** (October 13 - Afternoon)
- ❑ **Main Conference** (October 14-16)

OR

- ❑ **Recorded Sessions via** OnlineCELibrary.com (see page 3)

CONCURRENT SESSIONS SELECTION

(Tuesday, October 15) See page 5

Please indicate the numbers of your session choices below.

#1 (8:00 a.m.) _____
#2 (10:00 a.m.) _____
#3 (1:00 p.m.) _____
#4 (2:45 p.m.) _____

PAYMENT SUMMARY #92

Early Fee Postmark Deadline: **SEPTEMBER 9**

Main Conference	$	
***Group Discount**	-$	
Preconference A	+$	
Preconference B OR	+$	
Recorded Sessions via OnLineCELibrary.com	$	
TOTAL PAYMENT ENCLOSED	$	

*See Insert C. Registration forms must be sent in together.

❑ Check/Money Order Payable to Contemporary Forums

Credit Card #

Exp. Date

Print Cardholder's Name

Billing Address

City

State Zip

Payer Email

Payer Phone #