

TNCC PROVIDER COURSE REGISTRATION FORM

Presented By:

Trauma/Education Department
Titus Regional Medical Center
2001 N. Jefferson
Mt. Pleasant, TX 75455

Course Dates: February 5 & 6 2009; May 7 & 8, 2009; August 6 & 7, 2009;
December 3 & 4, 2009

PLEASE CIRCLE DATE PREFERENCE

Time: 7:30am to 5:30pm both days

Location: Titus Regional Medical Center
Classroom B
Mt. Pleasant, Tx 75455

Class fee: \$220.00

Book fee: \$ 40.00 (please note: If the book fee is not paid a participant book will not be ordered for you)

Checks should be made Payable to: Titus Regional Medical Center, Attn: Robin Gage RN Emergency Room, 2001 N. Jefferson Mt. Pleasant, TX 75455 or Fax registration to (903)577-6288

Please complete the information below for each participant that will be attending the class. This form may be copied if needed. Registration forms must be completed and returned **ONE MONTH PRIOR TO CLASS DATE**, to allow time for delivery of text book if purchased. **Space is limited. Late registrations will on be permitted on a space available basis.**

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip: _____

Organization: _____

Method of Payment: _____ Check/Money Order	Amount Paid: _____ \$220.00 (class fee)
	_____ \$ 40.00 (book fee)
	Total Paid: _____