

21st Annual Respiratory Care Symposium
“Best Practices in Respiratory Care”
March 24-25, 2016

REGISTRATION FORM

PARTICIPANT INFORMATION:

Name: _____ Credentials: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

ATTENDANCE OPTIONS:

	<u>One Day</u>	<u>Two Day</u>
<u>AARC/TSRC Member:</u>	_____ \$ 100.00	_____ \$ 150.00
<u>General Participant</u>	_____ \$ 125.00	_____ \$ 175.00
<u>UTHSCSA RT Alumni</u>	_____ \$ 75.00	_____ \$ 125.00
<u>Student</u>	_____ \$ 25.00	_____ \$ 40.00
<u>Active Duty Military</u>	_____ \$ 35.00	_____ \$ 45.00

CRCE Pending AARC Approval

On-Site Registration – add \$30.00

Symposium schedule provided by email upon completed registration.

PAYMENT INFORMATION:

- Registration and credit card payment can be made by calling **(210) 567-7960**
- Make checks payable “**UTHSCSA – Respiratory Care**”
- **Mail checks to:**
 UTHSCSA, Department of Respiratory Care
 7703 Floyd Curl Drive – MC 6248
 San Antonio, TX 78229

LOCATION:

Pearl Brewery Stables
307 Pearl Parkway, San Antonio, TX 78215



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