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:

<table>
<thead>
<tr>
<th></th>
<th>One Day</th>
<th>Two Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARC/TSRC Member:</td>
<td>$ 100.00</td>
<td>$ 150.00</td>
</tr>
<tr>
<td>General Participant:</td>
<td>$ 125.00</td>
<td>$ 175.00</td>
</tr>
<tr>
<td>UTHSCSA RT Alumni:</td>
<td>$ 75.00</td>
<td>$ 125.00</td>
</tr>
<tr>
<td>Student:</td>
<td>$ 25.00</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>Active Duty Military:</td>
<td>$ 35.00</td>
<td>$ 45.00</td>
</tr>
</tbody>
</table>

CRCE Approved for 12 Hrs (Course 146132000)  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 Stables
307 Pearl Parkway, San Antonio, TX 78215

Permission granted to use artwork by Artist
Patti Schermerhorn