



American College of Surgeons- Arkansas Chapter
Arkansas Trauma Society



2019 Arkansas Trauma Update

March 2-3, 2019 - Little Rock, Arkansas
UAMS Jackson T. Stephens Spine Institute, 12th Floor

Recognized experts in trauma care and trauma advocacy and topics ranging from optimizing trauma systems, incorporating the use of telemedicine in the trauma system, to lessons from Preventable Mortality Studies.

Key Note Address: Freedom with Responsibility - A Consensus Strategy for Preventing Injury, Death and Disability from Firearm Violence

Ronald M. Stewart MD FACS, Medical Director of ACS Trauma Division

Key Note Address: Trauma and Soft Tissue Infections-Lessons from History for Today

John Weigelt MD FACS-1st Vice President-Elect American College of Surgeons

Seating is limited - Register Now!

Register Online (Preferred): www.arkansastraumasociety.org

or

Email the Completed Registration Form (*see below*) to donnah.ats@yahoo.com

Tuition:

Physicians/APNs/PAs - \$175

Nurses, Pharmacists, Other HCPs - \$75

EMS/Paramedics - \$50

Trauma Registrars (not Licensed) - \$50

8.75 hours of trauma CME awarded

Visit our Website:

<http://www.arkansastraumasociety.org>





American College of Surgeons - Arkansas Chapter
Arkansas Trauma Society



REGISTRATION FORM

*First Name: _____ *MI: _____ *Last Name: _____

*Home Mailing Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone : _____ Fax: _____

*Personal E-mail Address: _____

***All Fields Required**

*Arkansas Professional License No: (If not listed in Arkansas, included state of licensure)					
*Primary Hospital/Employer:					
*Primary Practice:(ED,OR,EMS,etc...)					
*Circle Type of License:	MD	DO	APN	RN	LPN
	PA	EMT-B	AEMT	EMT	EMT-P

***All Fields Required**

Name of Course: Arkansas Trauma Update

Course Date: March 2-3, 2019

Payment: Credit Card: Call our office at 501.551.9509
*Or Email the Completed Credit Card
Authorization Form Below*

Check: Payable to: Arkansas Trauma Society

Mail To: Arkansas Trauma Society
11610 Pleasant Ridge Rd. Ste. 130
Little Rock, AR 72223



*American College of Surgeons
Arkansas Chapter*

ARKANSAS TRAUMA SOCIETY

www.arkansastraumasociety.org



CREDIT CARD AUTHORIZATION FORM

Visa____ Mastercard____ AMEX____

Name on Card:_____

Credit Card Number:_____

Expiration Date _____ Sec. Code_____

Authorized Signature_____

Amount to be Charged \$ _____