



TriState Respiratory Care Conference
IP Casino - Biloxi, MS
PRE CONFERENCE REGISTRATAION FORM

AARC Members:

Three Day AARC Member Advance	\$135.00
Daily AARC Member Advance – Wednesday	\$ 45.00
Daily AARC Member Advance – Thursday	\$ 75.00
Daily AARC Member Advance – Friday	\$ 35.00
Student	\$ 60.00

Non AARC Members:

Three Day Non Member Advance	\$245.00
Daily Non Member Advance – Wednesday	\$ 90.00
Daily Non Member Advance – Thursday	\$120.00
Daily Non Member Advance – Friday	\$ 60.00

Printed Attendance Certificate \$5.00/Each

First Name _____ Last Name _____

AARC Number _____ (Please provide Copy of AARC Card)

Mailing Address _____ City _____ State _____

Hospital Affiliation _____ City _____ State _____

Primary Phone _____ E-Mail _____

Fees enclosed: Registration \$ _____ Printed Certificate \$ _____

I am a Director/Manager/Supervisor Yes _____ No _____

Mail Payment to: TSRCC Registrar
 204 Tournament Blvd
 Berwick, LA 70342