



AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION

In partnership with:



A South Texas Health System Facility

WOUND HEALING AND HYPERBARIC SYMPOSIUM

McAllen, TX | September 15, 2018



ONSITE REGISTRATION FORM

Dr. Mr. Ms. Jr. Sr. III IV V

First Name Middle Name Last Name APWCA Credentials

Degree DO DPM LPN MD NP PA PharmD PhD PT RN Other _____

Title Company Address 1 Address 2

City State/Province Zip/Postal Code Country

Email Work Phone Mobile Phone Fax

No Yes

Wound Care Certified Dietary Restrictions

CLINICAL SPECIALTY:

- Burns/Trauma Medicine Dermatology Family Practice Geriatric Medicine
- Hyperbaric Medicine Internal Medicine Nursing Occupational/Physical Therapy
- Pathology Podiatric Plastic Surgery Podiatry
- Surgery-General Vascular Surgery Wounds-General Other _____

REGISTRATION RATES

- \$60.00 Physician
- \$35.00 Non-Physician
- \$20.00 Student
- \$10.00 VIP Exhibitor Reception

MEETING LOCATION

Embassy Suites
McAllen Convention Center
800 Convention Center Blvd
McAllen, TX 78501
956.688.8329

PAYMENT INFORMATION

- Payment by Check
Payable to: APWCA, a 501(c)(6) nonprofit organization
- Payment by Credit Card
 - Visa MasterCard Amex Discover

Card Number: _____

Exp. Date: _____

Security Code: _____

Cardholder Name: _____

Signature: _____