

KENTUCKY TRAUMA STAKEHOLDERS CONFERENCE
HOLIDAY INN CAPITAL PLAZA FRANKFORT
MARCH 7-MARCH 8, 2006
REGISTRATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

TITLE OR ORGANIZATION REPRESENTING _____

I plan to attend:

March 7 Reception _____ (6-8 p.m.)

March 8 Conference _____

Breakfast _____

Lunch _____

There is a block of rooms reserved at the Holiday Inn Capital Plaza in Frankfort. Please make your own hotel reservations by calling (502) 227-5100 and telling them you are with the Stakeholders Conference.

I plan to stay at the hotel: YES _____ NO _____

TOPIC(S) that you would like to see on the program: _____

Return form by mail to Mary E. Fallat, M.D., 233 East Gray Street Suite 708, Louisville, KY 40202, by fax at (502) 583-9735 or by e-mail to mefall01@louisville.edu