



**CONFERENCE REGISTRATION**  
**17 - 19 JULY 2008**

MARRIOTT CHICAGO OAK BROOK HOTEL

NAME (as it is to appear on your name badge)	TITLE/DEGREE

POSITION (if applicable)	SPECIALTY

AFFILIATION/INSTITUTION

STREET ADDRESS

CITY	STATE/PROV	ZIP CODE

COUNTRY

PHONE	EXTENSION	FAX

EMAIL (required for registration confirmation)

I will attend the tour of St. James Center for Comprehensive Wound & Disease Management.  
 Bus departure will leave from the Marriott at 7:00 am on Thursday, July 17 and return before noon.

**REGISTRATION FEES**

	BEFORE FEB 17	BEFORE MAY 5	BEFORE JUNE 30	JUNE 30& ONSITE	ONE DAY PRICE
MDs/DOs/DPMs	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650	<input type="checkbox"/> \$350
RNs/CDEs/PTs/Allied Health Professionals	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$275
Residents / Students	<input type="checkbox"/> \$175				
Industry	<input type="checkbox"/> \$750				

**REGISTRATION INCLUDES** ♦ Tuition ♦ Online Course Materials ♦ CMEs/Contact Hours ♦ Five Refreshment Breaks  
 ♦ Welcome to Chicago Reception ♦ Two Breakfasts & Lunches  
 ♦ Tour of St. James Center for Comprehensive Wound & Disease Management

**GUEST FEES**

**Companion**  \$100 Includes Welcome Reception with Open Bar,  
 All Conference Meals – Two Breakfasts & Lunches, Five Refreshment Breaks and Access to Exhibits  
**Reception**  \$50 Includes Welcome Reception with Open Bar

Guest Name \_\_\_\_\_

**CANCELLATION POLICY** If your registration must be cancelled, the course fee less \$150 administrative costs will be refunded if we are notified in writing by June 1, 2008. After June 1, 2008, no refunds will be given.

Certificates of Attendance will be issued on-site. Duplicate certificates after the conference...\$50

**PAYMENT METHOD**

Enclosed is a check in the amount of \$ \_\_\_\_\_ (Please make checks payable to St. James Hospital & Health Centers)

Charge my credit card the amount of \$ \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Card# \_\_\_\_\_ Exp.Date \_\_\_\_/\_\_\_\_ Security PIN# \_\_\_\_\_ (3 or 4 digit number on back of card)

Cardholder's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

or Register on line at [www.WoundCareSST.com](http://www.WoundCareSST.com)

YOU WILL RECEIVE A CONFIRMATION OF YOUR REGISTRATION

**MAIL TO:** SST • 1018 HARDING STREET • SUITE 207 • LAFAYETTE, LA 70503 • USA

**FAX:** 337.235.7300 • **TEL:** 337.235.6606 • [registration@woundcaresst.com](mailto:registration@woundcaresst.com)

Conference Hotel : Marriott Chicago Oak Brook • 1401 West 22nd Street • Oak Brook, IL 60523 • Reservations 800.228.9290 • 630.573.8555

Wound Care SST Conference Rate \$149 • Mention "Wound Care SST" to secure discounted conference rate