



The Hawaii Society for Respiratory Care presents
The 37th Annual State Respiratory Care Conference
September 14 & 15, 2010

Ala Moana Hotel, Oahu, Hawaii

Target Audience: Respiratory Therapists, Physicians, Nurses,
Emergency Medical Technicians

Course Registration Form (please print)

CRCE credits for Respiratory Therapists pending approval from AARC

Name: _____
(print name as you want it to appear on your name badge and certificate of attendance)

Professional Credential or Status:
//RRT //CRT //MD //RN //EMT Other: _____

Workplace/Institution: _____

Department: _____

Mailing Address: _____
Street City, State Zip

Best Contact Number: _____ E-mail: _____

AARC Membership # _____ Expiration Date: _____

Registration Fees: circle dates of attendance & fee:	Before 8/31	From 9/1
AARC/HSRC members 2010 (membership current through September 2010 or >)		
Individual one day: 9/14 or 9/15	\$125	\$150
Individual two days	\$200	\$225
Non-AARC/HSRC registrant		
Individual one day: 9/14 or 9/15	\$170	\$195
Individual two days:	\$245	\$270
Non-member to join (with Special Discounted Rate for AARC Membership)		
Individual one day: 9/14 or 9/15	\$205	\$230
Individual two days:	\$280	\$305

Payment in U.S. Dollars (check, money order, cashier's check, VISA, or MasterCard) must accompany your registration form.

Make checks payable to Hawaii Society for Respiratory Care. Mail registration form & payment to:

**Hawaii Society for Respiratory Care
c/o The Queen's Medical Center - Respiratory Care
1301 Punchbowl St. Honolulu, HI 96813**

Credit card payment info may be Fax'd to Mark Sappington, RRT at (808)547-6179 (this is a secured fax terminal). Credit Card (circle card): Visa MasterCard
Account #: _____ Name on Card (print): _____

Expiration Date: _____ Cardholder's Signature: _____

Questions? Mark Sappington msappington@hawaiiimedcen.com or
Jo Ann Ikehara jikehara@lava.net

