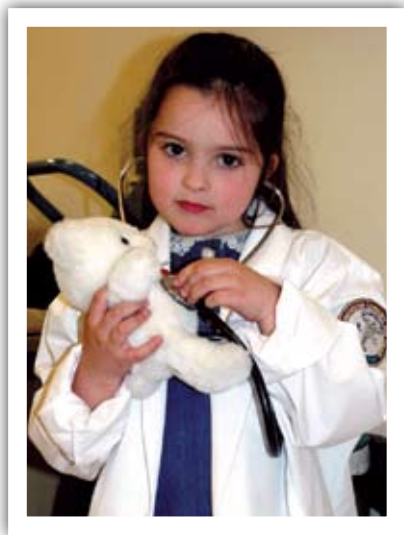


Department of Respiratory Care - MC 6248
UT Health Science Center San Antonio
7703 Floyd Curl Drive
San Antonio, TX 78229-3900



This photograph is courtesy of the American Association for Respiratory Care.

SAVE THE DATES! MARCH 18 & 19, 2010

15th Annual Respiratory Care Symposium

Great Speakers

Great Friends

12 CEUs

*"Application has been made to the American Association for
Respiratory Care (AARC) for continuing education contact
hours for respiratory therapists"*

Hosted at: The Greehey Children's Cancer Research Institute



The GCCRI is located at 8403 Floyd Curl Drive adjacent to the School of Health Professions. Parking is easily accessible off Wurzbach Road or Floyd Curl Drive. Park in CTRC Garage C and walk across the parking lot to GCCRI (See Maps Below)

We look forward to seeing you here.



FIFTEENTH ANNUAL RESPIRATORY CARE SYMPOSIUM

PREREGISTRATION FEES	One-Day	Two-Day
AARC Members	<input type="text" value="\$70"/>	<input type="text" value="\$110"/>
TSRC Only Members	<input type="text" value="\$80"/>	<input type="text" value="\$120"/>
Non-Members/Other Healthcare Professionals	<input type="text" value="\$100"/>	<input type="text" value="\$140"/>
UTHSCSA RCAA members	<input type="text" value="\$60"/>	<input type="text" value="\$85"/>
Students*	<input type="text" value="\$25"/>	<input type="text" value="\$35"/>
Active Duty Military RTs	<input type="text" value="\$35"/>	<input type="text" value="\$45"/>

LATE REGISTRATION/ON-SITE FEES ADD \$30

*Student rate applies to those currently enrolled in a respiratory care program. CRCE's will not be awarded at the student rate.

Please note: DEADLINE POSTMARK DATE IS MARCH 11, 2010

Please indicate the day(s) you are registering to attend.

- Thursday, March 18, 2010
 Friday, March 19, 2010
 Thursday and Friday, March 18-19, 2010

Please check this box if you require an alternate meal on Friday due to Lent.

Please print all information legibly.

Respiratory Therapists: AARC or TSRC membership numbers are required for discount rates

AARC Membership No.: _____

TSRC Membership No.: _____

ONLY INSERT NAME AND ADDRESS IF DIFFERENT THAN THAT ON MAILING LABEL

Name _____
 Street Address _____
 City, State, Zip _____
 Daytime Phone (____) _____
 E-Mail Address _____

Credentials: MD RRT CRT RCP RN LVN

Other _____ Respiratory Care Student: _____

Name of Accredited RT Program Enrolled In: _____

Please enclose a check or money order made payable to UTHSCSA Department of Respiratory Care.

Send the registration form and fee to:

The University of Texas Health Science Center San Antonio
 Department of Respiratory Care - MSC 6248
 7703 Floyd Curl Drive
 San Antonio, TX 78229-3900

If you have any questions regarding registration, please call (210) 567-8850.

www.uthscsa.edu/respiratorycare