



Registration Form
PRISMA Health Tuomey
SANE-A Training
September 21, 22, 30 and October 1, 2021
8:00 am - 7:00 pm
129 North Washington Street
Sumter, SC 29150



Full Name: _____ (First name for badge) _____

University/Organization: _____

Preferred Mailing Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country: _____ **Telephone: (_____)** _____ **Fax: (_____)** _____

Email (Print clearly): _____

CONFERENCE FEES

- Registration Fees** (All fees listed in U.S. Funds.) Includes light snacks

PLEASE CHECK APPROPRIATE REGISTRAION FEE:
 SANE-A Trainee

POSTMARKED & PAID
BEFORE/ON SEPTEMBER 1, 2021
 \$400 X _____ (number of attendees)

A confirmation email will be sent upon receipt of payment.

\$ _____
TOTAL ENCLOSED: \$ _____

Cancellations/Changes and Refunds: Fees late arrivals and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than September 10, 2021. After that date, fees are non-refundable. All refunds will be processed after the training.

Please email completed registration form to gina.dyergoss@prismahealth.org
 Feel free to call with any questions. (803) 415.0300

Please mail a copy of the registration form **AND** check made payable to PRISMA Health Richland should be mailed to:
PRISMA Health Richland
Emergency Department
Attn. Shannon Cooper
5 Medical Park Dr.
Columbia, SC 29203

Upon completion of the training, you will receive 40 CEU's issued by PRISMA Health Richland.

If you have any questions, please contact the Program Manager at above email and phone number.