



2018 ThinkFirst Conference on Injury Prevention  
 “Prepare, Teach and Evaluate for Trauma Prevention”

New Orleans Downtown Marriott at the Convention Center  
 859 Convention Center Blvd.  
 New Orleans, LA 70130 Hotel Phone: 504-613-2888

Registration Form – 1 Per Person  
 Must be Completed Online.

**Saturday, April 28 - Sunday, April 29**  
**Friday, April 27: Chapter Training Day and Community Event**

<b>Register Online. Pay online or send to: ThinkFirst Foundation</b>			
1801 N. Mill Street • Suite F • Naperville, IL 60563 Tel: 630-961-1400 • Email: thinkfirst@thinkfirst.org			
Name:		Professional Designation:	
Chapter:		Chapter Director Name:	
Business Name:			
Mailing Address:			
City/State/Zip:			
Phone:		E-mail:	
Are you a first time attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CHAPTER TRAINING</b>		<b>Friday, April 27, 2018</b>	<b>Breakfast/Lunch Included</b>
<input type="checkbox"/>	New Chapter, includes materials-chapter application required. <b>2018 Campaign Price!</b>	\$1,000	
<input type="checkbox"/>	New Director of Existing Chapter (no materials)	\$250	
<input type="checkbox"/>	Additional Chapter Staff, Refresher Attendee	\$100	
<b>CONFERENCE (Reception and Meals Included)</b>		<b>Saturday, April 28 - Sunday, April 29</b>	
<input type="checkbox"/>	<b>Member:</b> <input type="checkbox"/> Chapter Director <input type="checkbox"/> Chapter Member <input type="checkbox"/> Medical Director	\$350	
<input type="checkbox"/>	Member: Late Registration Fee (Postmarked after March 16, 2018)	\$450	
<input type="checkbox"/>	<b>Non-Member</b>	\$400	
<input type="checkbox"/>	Non-member: Late Registration Fee (Postmarked after March 16, 2018)	\$500	
<input type="checkbox"/>	<b>VIP Speaker</b> (Voices For Injury Prevention)	\$275	
<input type="checkbox"/>	VIP Speaker: Late Registration Fee (Postmarked after March 16, 2018)	\$300	
<input type="checkbox"/>	<b>Non-registered Guest Attending Saturday Evening Reception:</b> Name _____	\$35	
<input type="checkbox"/>	<b>Non-registered Guest Attending Lunch:</b> <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Name _____	Ea.\$70	
<b>AMOUNT INCLUDED (Non-refundable)</b>		<b>TOTAL:</b>	
<b>PAYMENT INFORMATION (Please Print Clearly)</b>			
<input type="checkbox"/> <b>Check Payable to: ThinkFirst Foundation</b>			
<input type="checkbox"/> <b>Payment Made Through PayPal at <a href="http://www.thinkfirst.org">www.thinkfirst.org</a> Date:</b>			
<input type="checkbox"/> <b>Payment by Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Credit Card Number:		Expiration Date:	
Name (as it appears on card):			
Billing Address of Card Holder:			
Signature:			