

## STAY CONNECTED

Keep your contact information updated with the TCAA. We communicate primarily via email and postal mail. Please indicate who the **main contact** is for your hospital that will receive notices and mailings. If you have recently sent an update to us, please disregard this form. Please fax back to us at (575) 647-9600 or you may also email this information to [Tracey@traumafoundation.org](mailto:Tracey@traumafoundation.org). Thank you for your timely assistance.

**Hospital Information:**  TCAA Member

TCAA Non-Member (newsletter only)

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Main Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Trauma Medical Director:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Trauma Program Manager:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Voting Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Government Relations:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Media/Public Relations:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Other:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_