

TREF
TRAUMA RESEARCH AND EDUCATION FOUNDATION
September 1, YEAR

NAME
TRAUMA PROGRAM MANAGER (OR OTHER TITLE)
HOSPITAL
ADDRESS

Dear NAME,
This invoice represents the total amount due for your annual San Diego Trauma Hospital contribution to TREF for fiscal year YEAR beginning October 1, YEAR.

As you know, the Trauma Research and Education Foundation is an active organization that has accomplished several important goals this year including:

Provided TNCC basic education for 200+ trauma nurses from our trauma centers (at no cost to them) along with many community professional nurses.

Provided education and proctoring for new TNCC instructors.

Provided ATCN courses in conjunction with the ATLS courses providing basic education for 36 San Diego trauma nurses.

Sponsored TCAR trauma care after resuscitation courses for San Diego trauma center nurses.

Continued the consortium of the injury prevention coordinators from the trauma centers to develop and operationalize a plan for countywide injury prevention from a systems perspective. This year, the primary focus of the TREF collaborative project with many community partners continues to be on **TEEN DISTRACTED DRIVERS** and has targeted a large number of teens in our county.

Educated the San Diego professional community on trauma services, statistics and injury prevention tips.

We appreciate you and your hospital's ongoing support of TREF and of the San Diego Trauma System. We appreciate your attention to this matter and payment of this invoice by the end of October, YEAR.

With Warm regards,

NAME
TREF Treasurer

Due and payable to TREF on or before 10/31/YEAR **\$12,500**

Mail to: NAME, TREF Treasurer
MAILING ADDRESS OF TREASURER
(USUALLY TRAUMA CENTER)