

## ATLS Registration Form

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### Brigham and Women's Hospital, Advanced Trauma Life Support (ATLS®) Course

*Please indicate which 2012 ATLS Course you plan to attend:*

<input type="checkbox"/> <b>March 22-23, 2012</b> Thurs. 7:30 a.m. – 6:00 p.m. Friday 8:00 a.m. – 6:30 p.m.	<input type="checkbox"/> <b>June 14-15, 2012</b> Thurs. 7:30 a.m. – 6:00 p.m. Friday 8:00 a.m. – 6:30 p.m.	<input type="checkbox"/> <b>October 25-26, 2012</b> Thurs. 7:30 a.m. – 6:00 p.m. Friday 8:00 a.m. – 6:30 p.m.
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<i>Please indicate preference:</i>	<i>Participant type:</i>	<i>Cost:</i>
<input type="checkbox"/> Provider Course	Attending, Resident, and Fellow	\$1,000
<input type="checkbox"/> Recertification (1/2-day)	Attending and Resident	\$500
<input type="checkbox"/> Auditor		\$125

Participant Name: \_\_\_\_\_  
*Please include your title, e.g., M.D.*

Home Address: \_\_\_\_\_

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

Secondary Address: \_\_\_\_\_

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

Daytime Telephone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

SSN: (last 4 digits) \_\_\_\_\_ Email: \_\_\_\_\_

Hospital/Clinic Affiliation: \_\_\_\_\_ Medical Specialty/Yr: \_\_\_\_\_

**\*Checks / Money Orders only – Make check or money order payable to: BWH**

*Mail to:*

**Brigham and Women's Hospital  
Trauma, Burn, and Surgical Critical Care – Attn: Yvonne Michaud  
75 Francis Street, Boston, MA 02115**

*\*Course fee includes educational materials and meals. A confirmation letter or email will be sent one month before the course.*

**Deadline for submitting registration fee:**

March course – **3/1/2012**; June course – **6/1/2012**; October course – **10/1/2012**

**RECERTIFICATION:** Please bring a copy of your expired ATLS® Card and include date/location where last course was taken.

Please contact Johnna Bradley with any additional questions you may have regarding the course.

**EMAIL:** [bwhtraumacenter@partners.org](mailto:bwhtraumacenter@partners.org); **PHONE:** 617-732-7411; **FAX:** 617-566-9549