

ATLS Registration Form

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

Please indicate which 2010 ATLS Course you plan to attend:

<input type="checkbox"/> February 25 – 26, 2010 Thursday 7:30 a.m. – 6:00 p.m. Friday 8:00 a.m. – 6:30 p.m.	<input type="checkbox"/> June 7 – 8, 2010 Monday 7:30 a.m. – 6:00 p.m. Tuesday 8:00 a.m. – 6:30 p.m.	<input type="checkbox"/> October 28 – 29, 2010 Thursday 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: Charlene Palmer
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:

February course – **2/5/2010**; June course – **5/17/2010**; October course – **10/8/2010**

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

Please contact Charlene Palmer with any additional questions you may have regarding the course.

EMAIL: bwhtraumacenter@partners.org; **PHONE:** 617-732-7411; **FAX:** 617-566-9549