

ATLS Registration Form

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

Please indicate which 2009 ATLS Course you plan to attend:

- | | | |
|--|---|---|
| <input type="checkbox"/> February 26 – 27, 2009
Thurs – Fri, 7:30 a.m. –
6:00 p.m. | <input type="checkbox"/> May 28 – 29, 2009
Thurs – Fri, 7:30 a.m. –
6:00 p.m. | <input type="checkbox"/> October 29 – 30, 2009
Thurs – Fri, 7:30 a.m. –
6:00 p.m. |
|--|---|---|

<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: () _____

SSN: _____ 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, ASB II – L1, Boston, MA 02115**

or Email:

cpalmer6@partners.org

**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 – 2/13/2009; May course – 5/15/2009; October course – 10/16/2009

If Re-verifying – please bring a copy of your expired ATLS® Card, and date/location where last course was taken.