

ADVANCED TRAUMA LIFE SUPPORT®
STUDENT COURSE
REGISTRATION FORM



PLEASE PRINT CLEARLY

Course Date Requested: **September 30 - October 1, 2008**

Name & Credential:

Last 4 digits SSN:

Home Address:

E-mail address:

Hospital Affiliation:

Registration Fees:

- Physicians \$750.00
- Physician Extenders \$300.00
- Refresher Course \$350.00

Payment:

Payment by check or credit card is accepted. **Please make check payable to: ARMC ATLS.** Please email registration form to traumaeducation@atlanticare.org or fax registration form with credit card information to the Trauma Department at **(609) 441-8178**.

Mail to:

Trauma Department/ATLS®
AtlantiCare Regional Medical Center
1925 Pacific Avenue
Atlantic City, NJ 08401

Refund Policy:

A \$75.00 non-refundable processing fee is included in the course tuition. Written or faxed cancellations received 10 or more **business** days before the course will receive tuition reimbursement less the \$75.00 handling fee (and \$60 student course manual, if already mailed). Cancellations less than 10 days prior to the course, or failure to attend the course will result in forfeiture of the entire course tuition.

Course Cancellation:

AtlantiCare Regional Medical Center reserves the right of course cancellation.

Status (Physician, Resident/Intern):

Specialty:

Home Phone:

Work Phone:

Other (pager, cell, etc.):

Registration and payment should be received at least six weeks prior to the course to allow sufficient time for mailing of course materials.

Course Location:

Courses are held at the Atlantic City Convention Center. ARMC corporate lodging rates are available at the Atlantic City Sheraton (609) 344-3535 adjacent to the Convention Center. You must book through **In-House Reservations** to receive discounted rate. Continental breakfast and lunch are provided both days.

Additional Information:

For questions or additional information, please contact the Trauma Department at **(609) 441-2165** or **Fax: (609) 441-8178**

Payment information:

Check #:

Credit Card Type: American Express
(American Express, Discover, MasterCard, Visa, Other)

Credit Card #:

Expiration Date:

Signature: _____

Registration Deadline: