



FCCS PROVIDER COURSE
(FUNDAMENTAL CRITICAL CARE STANDARDS)



AtlantiCare Regional Medical Center - City Campus
1925 Pacific Avenue, Atlantic City, New Jersey

2010 REGISTRATION FORM

PLEASE PRINT CLEARLY

Course Date (check one): April 12-13, 2010
 September 27-28, 2010

Name: Specialty: MD RN CCRN ACNP PA RT
Home Address: Please check if you have completed: ACLS ATLS
Home Phone:
Work Phone:
E-mail address: Other (pager, cell, etc.):
Hospital Affiliation:

Registration Fees:
 Physicians \$350.00
 Non-Physician \$250.00

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

Mail to:
Trauma Department/FCCS
AtlantiCare Regional Medical Center
1925 Pacific Avenue, Atlantic City, NJ 08401

Refund Policy:
A \$60.00 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 \$60.00 handling fee. 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.

Course Location:
AtlantiCare Regional Medical Center-City Campus
1925 Pacific Avenue, Atlantic City, New Jersey.

Additional Information:
For questions or additional information, please contact Mary Rodgers at **(609) 441-2165** or mary.rodgers@atlanticare.org.

Payment information:
Check #:
Credit Card Type: VISA MASTERCARD
 AMEX DISCOVER
Credit Card #:
Expiration Date:
Signature: _____