

REGISTRATION INFORMATION

Early Registration <i>before April 15</i>	Physician	Nursing	ALS/Allied Healthcare Providers*
ATLS Refresher May 5	\$350	N/A	N/A
AtlantiCare Employees May 6 or May 7 <i>one day of lecture series</i>	\$140	\$120	\$ 80
AtlantiCare Employees May 6 and May 7 <i>both days of lecture series</i>	\$240	\$200	\$160
May 6 or May 7 <i>one day of lecture series</i>	\$175	\$150	\$100
May 6 and May 7 <i>both days of lecture series</i>	\$300	\$250	\$200
Late Fee <i>after April 15</i>	\$40	\$40	\$40

Tuition fees include daily continental breakfast, daily luncheon (excluding ATLS course), coffee/snack breaks, parking, and teaching materials.

Two-week cancellation notice is required for a refund. Course registration fee is refundable minus a \$30 administrative fee.

There will be a \$25 service charge for all returned checks.
On-site registration will be accepted on a space-available basis.

*ALS/Allied Healthcare Provider – Respiratory therapists, physical therapists, and radiology technologists.

Upon completion of the course, New Jersey ALS providers will be issued a certificate that they can submit to their clinical coordinator to receive CEU credits.

Website



[www.atlanticare.org/
symposium/index.html](http://www.atlanticare.org/symposium/index.html)

Mail



ARMC Trauma Center
1925 Pacific Avenue
Atlantic City, NJ 08401

REGISTRATION FORM

ARMC • 10th Annual Trauma Symposium

If registering by mail, please complete this form and mail with full payment to:

ARMC Trauma Center
1925 Pacific Avenue
Atlantic City, NJ 08401

Please make checks payable to: **AtlantiCare Regional Medical Center
10th Annual Trauma Symposium**

Physician Nurse ALS/Allied Health AtlantiCare Employee

First name: _____ Last name: _____

Credentials: _____ Affiliation: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Work phone: _____

e-mail address: _____

No, I can't come this year, but would like to be added to your permanent mailing list.
(Please list name, address above.)

Please register me for the following:

ATLS Refresher May 5, 2008 \$ _____

Lecture Series

May 6, 2008 \$ _____

May 7, 2008 \$ _____

May 6 and 7, 2008 \$ _____

Late fee after April 15, 2008 - \$40 \$ _____

TOTAL: \$ _____

Credit card type: VISA MasterCard AmEx Discover

Credit card number: _____

Cardholder's name: _____ Expiration date: _____

Cardholder's signature: _____

If you need accommodations for special needs, please advise us.