

ADVANCED TRAUMA LIFE SUPPORT STUDENT REGISTRATION FORM



PLEASE PRINT

Name: _____

Mailing Address _____

Telephone # _____ E-mail Address _____

Affiliation: _____ Position: _____

- ATLS Course in the past? **Yes:** Please provide a copy of most recent ATLS card.
- 1. Previous course dates: _____
 - 2. Where taken: _____
- No**

Please list food allergies or restrictions; as food will be provided to registrants:

You may register for a 2019 ATLS Course by faxing this form to 603-650-0868 or by mailing to:
DHMC Trauma Program One Medical Center Drive Lebanon, NH 03756. ATTN: Jill Goodwillie

<u>Courses:</u>	<u>Tuition:</u>
March 7-8, 2019 (Provider only)	\$800-Student
April 29-30, 2019 (Provider only)	\$650-Resident Student
July 10-11, 2019 (Provider only)	\$400-Refresher
November 13-14, 2019 (Provider only)	\$100-Auditor

Tuition due 4 weeks prior to course (except late registrations)

Make checks payable to: MHMH*

****Cancellation policy: Must cancel 2 weeks before class for full tuition refund***