

ADVANCED TRAUMA LIFE SUPPORT  
STUDENT REGISTRATION FORM



PLEASE PRINT

Name: \_\_\_\_\_

SS# or National (Government-Issued) ID# \_\_\_\_\_  
(For ACS use only-providing this info is optional)

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 2018 ATLS Course by faxing this form to 603-653-1511 or by mailing to:  
DHMC Trauma Program One Medical Center Drive Lebanon, NH 03756. ATTN: Jill Goodwillie

**Courses:**

March 8-9, 2018  
April 26-27, 2018  
May 4, 2018-Instructor  
July 19-20, 2018  
November 1-2, 2018

**Tuition:**

\$800-Student  
\$650-Resident Student  
\$400-Refresher  
\$800-Instructor

**\*\*Payable To:** Northern New England Trauma Education (NNETE)

\*If you have taken ATLS in the past and your card has expired within 6 months of this course, you are eligible to take the 1/2 day "refresher" component of the course. Please contact Christopher O'Connell, ATLS Coordinator at (603) 650-6082 for more information about this option **before** registering. Lastly, in order to receive textbook; payment must be paid in full.