ATLS
ADVANCED TRAUMA LIFE SUPPORT

AtlantiCare
REGIONAL MEDICAL CENTER
The Trauma Center

REGISTRATION FORM

Course Date Requested:
(check one)

☐ **JANUARY 25-26, 2014** (Full 2-day Student Course)
☐ **JUNE 7-8, 2014** (Full 2-day Student Course)
☐ **OCTOBER 18-19, 2014** (Full 2-day Student Course)
☐ **April 14, 2014** (1/2 Day Refresher Student Course)
☐ **October 27, 2014** (1/2 Day Refresher Student Course)

Name & Credential:

Last 4 digits SSN:

Home Address:

E-mail address:

Status (Physician, Resident/Intern):

Specialty:

Hospital Affiliation:

Home Phone:

Work Phone:

Other (pager, cell, etc.):

REGISTRATION FEES:

☐ Physicians	$800.00
☐ Physician Extenders	$800.00
☐ Auditors	$800.00
☐ Refresher Course	$400.00

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, 8th Floor
Atlantic City, NJ 08401

REFUND POLICY:
A $100.00 non-refundable processing fee is included in the course tuition. Written cancellation requests received 30 prior to the course are eligible for a 50% refund. 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:
Courses are held at the AtlantiCare Regional Medical Center, 1925 Pacific Avenue, Atlantic City, NJ.

ADDITIONAL INFORMATION:
For questions or additional information, please contact the Trauma Department at **(609) 572-8202** or email traumaeducation@atlanticare.org.

Payment information:

Check #:

Credit Card Type: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Credit Card #:

Expiration Date: CVC# (3 digit code):

Signature: ___________________________________