

# ATLS® Registration Form



It is not possible to “hold” a place in any ATLS class until the registration form and payment are received.

○ Class Date: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Please Complete All Information

**Print Name:** first, middle initial, last

\_\_\_\_\_  
(circle): MD ▪ DO ▪ MD Resident ▪ DO Resident ▪ PA-C ▪ APRN ▪ Other \_\_\_\_\_

Street Address (print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Class material will be mailed to you **at the address indicated above** when registration fee is received. Call the Life Support Training Center at 316.268.6731 or 316.268.5316; toll-free 1.800.362.0070, Ext 6731, if you do not receive your book, have any questions regarding the class or need to notify us of cancellation.

**Registration Fee (check one):**     \$850 (includes book)     \$250 for Auditors (includes book)

**Credit Card Payment** – Please charge my:

Visa     MasterCard     Discover     American Express

Name on Card: \_\_\_\_\_ Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## **ATLS Cancellation Policy/Agreement:**

- Cancellations received 4 weeks or more in advance of the course date: fee paid, minus \$150 cancellation fee
- Cancellations received 2-4 weeks in advance of the course date: will receive a refund of half the fee paid
- Cancellations received 2 weeks or less in advance of the course date (or no-shows): no refund will be given
- Rescheduling class dates must be done at least 4 weeks prior to the class date and are subject to a \$150 reschedule fee (rescheduling will be based on course availability)

I understand that if a third party is paying for me to take this course, information regarding complete/incomplete will be made available to that party.

I hereby agree to the above conditions.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Mail, Fax or Tube (#28) registration to: Via Christi Hospital, CME Dept / Attn: Life Support Training Center, 929 N St. Francis, Wichita, KS 67214; Fax 316.291.7325**

### **For Office Use Only**

Date Registered: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Book Issued: \_\_\_\_\_

Comments: \_\_\_\_\_