

## Advanced Trauma Life Support (ATLS) Course Registration Form

Course Date: May 11-12, 2020	Course#	2-Day Provider Course - \$1,000
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ATLS Course Registration Form: Please submit registration & payment form before course date.  
**You are NOT REGISTERED until you receive an email CONFIRMATION.**  
 Textbook and Course materials will be mailed when course payment is received. Payment is required upon registration

**LEGIBILITY CRUCIAL - Please use Adobe Acrobat to fill out/print or Hand Prent clearly**

Last 4 digist SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Last First MI (MD, DO, RN, etc)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Specialty: \_\_\_\_\_

USA Hospital Resident      Yes      No

Attending	Resident	AEMT-P
NP/PA	RN	

Credit Care Info:	Visa	Mastercard	Discover
Card Number:			
Expiration Date:			
Security Code:			
Billing Zip:			
Amount:			
Signature:			

ATLS Course in the past?      Yes      No

Please provide copy of the most recent ATLS Card

Expiration date: \_\_\_\_\_

Previous course date \_\_\_\_\_

Where was the course taken? \_\_\_\_\_

**Make All checks payable to:  
 "South Alabama Medical  
 Science Foundation"**

**NOTE:** You are NOT REGISTERED until you receive an email CONFIRMATION. The student textbook, pretest and other course materials will be mailed when course payment is received. You will be required to take a pretest prior to coming to the class. **PAYMENT IS DUE 2 Weeks before class date.** We reserve the right to cancel the class 2 weeks before scheduled date, if no more than 8 people sign up for the class. If you have dietary restriction please send additional sheet with restriction.

Mail this form & payment to:



University of South Alabama Medical Center  
 c/o Rebecca Scarbrough  
 ATLS Course  
 2451 Fillingim Street, Suite 10-I  
 Mobile, Alabama. 3617

Or email to:  
 atls@health.southalabama.edu  
 (payment must be included - send registration form, please fill out credit card info. and included with your email.

If you should have questions or concern you can contact by email @ [atls@health.southalabama.edu](mailto:atls@health.southalabama.edu) or Rebecca Scarbrough @ (251) 471-7971 or fax (251) 471-7334.

**OFFICE USE ONLY**

Date payment received: \_\_\_\_\_ Email Confr mation \_\_\_\_\_

Payment Type:    Credit Card    Money Order    Check #      Books Sent \_\_\_\_\_

\_\_\_\_\_ Notice send to PC \_\_\_\_\_