

Advanced Trauma Life Support (ATLS) Course Registration Form

Course Date: May 26-27, 2020	Course#	1-1/2 Day Instructor Course \$800
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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:



USA Health - University Hospital
 c/o Rebecca Scarbrough
 ATLS Course
 2451 University Hospital Dr., 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 or
 Rebecca Scarbrough @ (251) 471-7971 or fax (251) 471-7334.

OFFICE USE ONLY

Date payment received: _____ Email Confirmation _____

Payment Type: Credit Card Money Order Check # Books Sent _____

_____ Notice send to PC _____