

**SUNY Upstate Medical University, Syracuse, New York
Trauma Center at University Hospital
Advanced Trauma Life Support
Course Registration Form**

Course Date: April 24 & 25, 2008

PLEASE PRINT OR TYPE FORM

Name: (MD, DO, etc.) _____

Social Security Number: _____

Mailing Address: _____

City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Specialty: _____ Attending, Resident, Fellow: _____

Employer: _____

E-mail Address: _____

Amount Enclosed: \$ _____ Vegetarian lunch needed: yes no

Tuition: Physician: \$800.00

PA, NP: \$425.00

RN, EMT: \$200.00

SUNY University Hospital only residents/
physicians: \$275.00

Credit Card Information:

____ Visa ____ M/C ____ Discover

Card #: _____ Security Code _____

Expiration date: _____

Amount: \$____.00

Signature: _____

Tuition includes all course materials, breakfast and lunch for both days.

NOTE: Cancellations made before March 30, 2008 will receive a full refund. Cancellations made on or after March 30, 2008 will receive a 50% refund. Cancellations made after April 10, 2008 will receive **NO REFUND**.

For complete course information, check our web site at: www.upstate.edu/uh/surgery/trauma/ATLS@

Courses are on a First PAID, First Serve Basis!!

Make all checks payable to: FSA (Faculty Student Association) Account #2353

Mail this form & payment to:

University Hospital
c/o June McCarthy
Trauma Services, Room 120
750 E. Adams Street
Syracuse, New York 13210

Or Fax to: 315-464-6266 (payment must be included)

Please call Trauma Services at 315-464-4773 before you mail your check and registration form to make sure the date you want is still available. Classes fill about 2-3 months prior to the date of the class.

*If using fax method to send registration form, please fill out credit card information and include with your fax.