

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

Course Date

August 14, 2008 Refresher Course

*** Please note: To meet ACS requirements for the Refresher Course, you must not be past the 6-month grace period of the expiration date on your current ATLS® card.**

PLEASE PRINT OR TYPE

Name: (MD, DO, etc.) _____

Social Security Number: _____

Mailing Address: _____

City, State, Zip: _____

Business Phone: _____ Home Phone: _____

Specialty: _____ Attending, Resident, Fellow: _____

Employer: _____

E-mail Address: _____

Current ATLS® Card Information: (this Section **MUST** be filled out in order to register for courses)

Course Date: _____	Course #: _____
Expiration Date: _____	
Course Location: _____	

Amount Enclosed: \$ _____

Refresher Course Tuition: Physician: \$500.00
SUNY Upstate University Hospital residents/physicians: \$300.00

Tuition includes all course materials.

Credit Card Information:

____ Visa ____ M/C ____ Discover

Name on card: _____

Card #: _____

Security Code: _____

Expiration date: _____

Amount: \$ _____.00

Signature: _____

NOTE: Instructor course cancellations made before July 19, 2008 will receive a full refund. Cancellations made on or after July 19, 2008 will receive a 50% refund. Cancellations made after July 29, 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 **Or Fax to:** 315-464-6266 (payment must be included)
c/o June McCarthy
Trauma Services, Room 120
750 E. Adams Street
Syracuse, New York 13210

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.