

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

**\* 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.**

**Course Date: February 14, 2008 Refresher Course**  
**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.  
Breakfast and lunch will be served for the Instructor Course.

Vegetarian lunch needed: yes no

Credit Card Information:
____ Visa ____ M/C ____ Discover
Name on card: _____
Card #: _____
Security Code: _____
Expiration Date: _____
Amount: \$ _____.00
Signature: _____

NOTE: Instructor course cancellations made before January 19, 2008 will receive a full refund. Cancellations made on or after January 19, 2008 will receive a 50% refund. Cancellations made after January 30, 2008 will receive **NO REFUND**.

For complete course information, check our web site at: [www.upstate.edu/surgery/trauma/ATLS@](http://www.upstate.edu/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 120UH  
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.