

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

Course Date: June 19 and 20, 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 Upstate Medical University Hospital
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 May 31, 2008 will receive a full refund. Cancellations made on or after May 31, 2008 will receive a 50% refund. Cancellations made after June 9, 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.