

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

**Course Date: September 25 and 26, 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** 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 August 30, 2008 will receive a full refund. Cancellations made on or after August 30, 2008 will receive a 50% refund. Cancellations made after September 10, 2008 will receive **NO REFUND**.

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