



Department of Surgery
&
Life Support Learning Center

Advanced Trauma Life Support Registration
Course Date: September 25 & 26, 2008
Registration due by August 15, 2008

Please Print -All Information is required

Name: _____ Title: _____

Phone Day: _____ Phone Evening: _____

Address: _____

Employer: _____ Specialty: _____

Email Address: _____

ATLS Course Fee: Physician \$735
Registration includes: Course instruction, CME fee, texts, meals, breaks, parking

Additional course offering for your convenience...
ACLS Renewal September 24, 2008
Course Fee \$140
Prerequisite: Current BLS status
Please contact: 434.924.1766 or 434.924.2738 with questions or for registration information

Mail Registration with Check Payable to:
Life Support Learning Center
PO Box 800309, Charlottesville, VA 22908-0309
Phone: 434.924.1766 or 434.924.2738 Fax: 434.243.2906 (inside UVA dial 3.2906)
Pre-course materials will be mailed upon receipt of your completed registration with payment

Cancellation/Refund Policy:
Registration is on a first come, first serve basis. The registration fee will be refunded minus a \$100.00 administrative fee, if cancellation is received 30 days prior to the course (August 28). No refunds will be issued to registrants withdrawing after that date.

I have read and understand the cancellation policy as stated
Signature: _____

Special Needs : The American College of Surgeons ATLS Program complies with the American Disabilities Act (ADA). Any person who needs an accommodation under the ADA should contact Diane Spencer at 434.924.1766.

ATLS _____ ACLS _____ Date Received: _____ Date Packet Mailed: _____
Payment Amt: _____ Cancellation Date: _____ Refund amt: _____