

Registration for 2008



Advanced Trauma Life Support®

(Please print clearly.)

Name _____

Address _____

City _____

State _____ Zip _____

Phone: Business _____ / _____ - _____

Home _____ / _____ - _____

MD/DO/PA (circle)

Specialty _____

Email address _____

Currently in a residency program? YES NO

Are you a phys extender working in Iowa ED? YES NO

ATLS STUDENT COURSES. Please select box. (\$650)

March 6-7 FULL September 18-19

May 1-2 October 16-17

ATLS REFRESHER COURSES. Please select box. (\$350)

(MUST ENCLOSE COPY OF CURRENT ATLS® CARD)

February 15 CANCELLED September 19

March 7 October 17

April 4 November 14

ATLS INSTRUCTOR COURSE. Please select box. (\$600)

(MUST ENCLOSE LETTER OF RECOMMENDATION
FROM THE STUDENT COURSE DIRECTOR and CURRENT
ATLS® STUDENT COURSE CARD COPY)

April 10-11 May 29-30

Method of Payment:

Check or money order enclosed

Credit Debit

VISA MasterCard



Card No. _____

Three-digit code on back ____ _

Exp. Date _____ / _____

Cardholder's name _____

Cardholder's signature _____

RETURN WITH FEE TO: EMS Learning Resources Center, 200 Hawkins Drive,
6-South, GH, University of Iowa Hospitals and Clinics, Iowa City, Iowa 52242,
phone 319/356-2597. FAX 319/353-7508.