

# ADVANCED TRAUMA LIFE SUPPORT STUDENT REGISTRATION FORM



**PLEASE PRINT**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Affiliation: \_\_\_\_\_ Position: \_\_\_\_\_

- ATLS Course in the past?  **Yes:** Please provide a copy of most recent ATLS card.
1. Previous course dates: \_\_\_\_\_
  2. Where taken: \_\_\_\_\_
- No**

Please list food allergies or restrictions; as food will be provided to registrants:

\_\_\_\_\_

You may register for a 2021 ATLS Course by mailing to:

DHMC Trauma Program One Medical Center Drive Lebanon, NH 03756. ATTN: Jill Goodwillie

<b><u>Courses:</u></b>	<b><u>Tuition:</u></b>
<b>March 22<sup>nd</sup> -23<sup>rd</sup> 2021</b> (2 day Provider course)	\$825-Student
<b>May 26<sup>th</sup> -27<sup>th</sup> 2021</b> (2 day Provider course)	\$650-Resident Student
<b>June 21<sup>st</sup> -22<sup>nd</sup> 2021</b> (2 day Provider course)	\$425-Refresher**
<b>November 1<sup>st</sup> -2<sup>nd</sup> 2021</b> (2 day Provider course)	\$100-Auditor

*Tuition due 4 weeks prior to course (except late registrations)\**

**Make checks payable to: MHMH**

**\*Cancellation policy: Must cancel 2 weeks before class for full tuition refund**

**\*\*Additional \$80 for a new ATLS manual**