

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:

- (1) Contact Jill Goodwillie (@ jill.l.goodwillie@hitchcock.org) to confirm space availability in the course
- (2) Then mailing this registration form and a check to:

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

<u>Courses:</u>	<u>Tuition:</u>
March 22nd -23rd 2021 (2 day Provider course)	\$825-Student
May 26th -27th 2021 (2 day Provider course)	\$650-Resident Student
June 21st -22nd 2021 (2 day Provider course)	\$500-Refresher**
November 1st -2nd 2021 (2 day Provider course)	\$100-Auditor

Tuition due 4 weeks prior to course (except late registrations)
Currently there are no refresher courses scheduled for 2021***

Make checks payable to: MHMH

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