

VCU Medical Center
Center for Trauma and Critical Care Education

(804) 828-4204 ** Fax (804) 828-0025
ATLS® Refresher Course Registration

Circle date attending:

March 8, 2008
July 12, 2008

May 10, 2008
October 18, 2008

June 27, 2008

PLEASE PRINT - ALL INFORMATION IS REQUIRED

NAME: First _____ MI _____ LAST _____, _____
Lineage

ADDRESS: _____
_____, _____

ATLS Expiration date: _____

PHONE: (H)____-____-____ (W)____-____-____ Last 4 SSN: _____

SPECIALTY (GS, EM, etc.): _____ Circle one: MD DO DDS

E-mail address: _____ Resident/Fellow? Yes/No

Send your registration along with payment to:

VCU Center for Trauma and Critical Care Education
PO Box 980044
1200 E. Broad Street - West Hospital, 15-South
Richmond, Virginia 23298-0044

Prepayment is required. The course fee is \$395.00 and includes all materials including text, CEUs, meals, and student fees to the ACS. Please make checks payable to the:

MCV FOUNDATION

Precourse materials will be mailed upon receipt of your completed registration with payment.

FOR CANCELLATION POLICY, SEE REVERSE.

Date received: _____ Date packet mailed: _____
Method of pymt: _____ Date packet picked up: _____
Pymt. amount: _____

Critical Care Education for Life

Cancellation policy:

At least 30 days notice:

Partial Refund
(\$100.00 administrative fee)

Because faculty needs and honoraria are based on the number of participants we expect for any given program, the fees paid for your participation in this course may not be transferred to future programs.