

*VCU Medical Center*  
*Center for Trauma and Critical Care Education*

**(804) 828-4204 \*\* Fax (804) 828-0025**  
**ATLS<sup>®</sup> Student Course Registration**

***Circle date attending:***

April 3/4, 2009  
May 1/2, 2009

July 10/11, 2009  
September 25/26, 2009

***PLEASE PRINT - ALL INFORMATION IS REQUIRED***

NAME: First \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_, \_\_\_\_\_  
Lineage

ADDRESS: \_\_\_\_\_

Is this a home or business address? (please circle) HOME BUSINESS

PHONE: (H)\_\_\_\_-\_\_\_\_-\_\_\_\_ (W)\_\_\_\_-\_\_\_\_-\_\_\_\_

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 \$875.00 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.