Advanced Trauma Life Support-ATLS

Registration Form-2018

 **Course Directors:**

Richard Sharpe, MD, Peter Thomas, DO, William Hoff, MD

**Course Coordinator:**

Rachel O’Brien, M.Ed, Rachel.O’Brien@sluhn.org 484-526-3734

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD DO PA-C CRNP**

**Position: Attending Fellow Resident Advanced Practitioner**

**Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home (Mailing) Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Residency Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Previous ATLS Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ATLS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2-Day Provider Course \_\_\_\_ ½-Day Renewal Course \_\_\_\_1 Day Instructor Course\_\_\_**

**Please place a check by the course date you would like to attend:**

**Date of Course: April 18th-19th, 2018 (Wednesday/Thursday) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**July 13th, 2018 (Instructor Course-Friday) \_\_\_\_\_\_\_\_\_\_\_\_**

 **July 19th-20th, 2018(Thursday/Friday)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**September 26th and 27th, 2018 (Wednesday/Thursday) \_\_\_\_\_\_\_\_\_\_\_**

 **December 13th-14th, 2018 (Thursday/Friday)\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Tuition: Student Course -$700.00\_\_\_\_ Student Renewal - $500\_\_\_\_Instructor- $600.00\_\_\_\_**

**Course tuition must accompany registration in order to reserve your seat in the course.**

**Payments: Credit Card**

**Type: \_\_\_\_\_M/C \_\_\_\_\_Visa Account number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name as it appears on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**3 digit security code on back of card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checks should be made payable to: St. Luke’s Hospital-Trauma Division**

 **Attention: Rachel O’Brien, M.Ed**

 **801 Ostrum Street, Bethlehem, PA 18015.**

**Course materials will be shipped approximately 30 days prior to the course date.**

**CANCELLATION AND REFUND POLICY**

The St. Luke’s Hospital ATLS Program reserves the right to cancel or postpone any course due to any unforeseen circumstances. In the event of cancellation or postponement, St. Luke’s ATLS Program will refund any registration fee but is not responsible for any related costs, charges or expenses to participants including cancellation of costs incurred by airlines/travel agencies.

Student Cancellation: Cancellation must be **received in writing 2 weeks prior to course**. Course tuition minus the cost of materials and $75 administration fee will be refunded to the participant. **No refunds** will be issued for student cancellations that are received *less than two weeks* prior to the course.