

BIRMINGHAM REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM (BREMSS)
Advanced Trauma Life Support (ATLS) Course Registration Form
1-Day Refresher Course

Send form and \$350.00 fee to:
ATLS Course
BREMSS
1114 South 16th Street
Birmingham, AL 35205

For more information, contact:
John Reed, MPH, BSN, RN, EMT-P
ATLS Coordinator
OFFICE: (205) 934-2595, x 3
FAX: (205) 934-2621
email: jreed@uabmc.edu

Make check payable to BREMSS. If reimbursement is requested, there will be a 5% deduction for processing costs. No registration fee will be returned if cancellation occurs within two weeks of the course. There will be a \$27.00 charge on all returned checks.

PLEASE PRINT LEGIBLY.

Name _____ County _____

Address _____ City _____ State _____ ZIP _____

Email (required) _____ Telephone () _____

Alternate email _____
Last 4 digits of SSN _____ Hospital Resident YES NO

Professional Specialty _____ Job Location _____

Registration for: June 5, 2011 (9:30 a.m. – 4:30 p.m.) DESTIN, FLORIDA

Hospital pay fee: YES NO If YES, contact person: _____
Telephone #/ Email: _____

*Date of Previous course _____

*City/State/Country of Previous Course _____

*Information required by the American College of Surgeons

**A copy of your ATLS card must accompany this form.
Certification must be within the 4-year period of the original certification.**

*This application does not assure your acceptance in the ATLS Refresher Course.
Each ATLS class is filled by a ranking process.*