2021 ATLS Registration Form

Name

□ MD □ DO □ PA-C □ APRN □ Nurse □ EMT/Paramedic □ Other _____________
□ MD (resident) □ DO (resident)

Mailing Address (home address preferred)

Phone

Email

Specialty (area of practice)

Check the course type you will attend.

□ Two-day course Credit Card $825 Discounted fee if paying by check $800
□ Auditor two-day Credit Card $415 Discounted fee if paying by check $400
□ Refresher ½ day Credit Card $415 Discounted fee if paying by check $400

If refresher, when does your ATLS expire?

Payment Method

□ I will pay by credit card. You will receive an invoice and receipt from PayPal.
□ I will pay by check. Mail check to address on the invoice. You will receive an email receipt.

Send invoice to (name and email)

Mark the date you will attend.

□ July 16-17 RESIDENT ONLY (two-day) University of Utah, Salt Lake City
□ August 13-14 (two-day) Intermountain Medical Center, Murray
□ September 17-18 (two-day) University of Utah, Salt Lake City
□ September 18 AM IHC ONLY (refresher) Intermountain Medical Center, Murray
□ September 18 PM (refresher) Intermountain Medical Center, Murray
□ October 15-16 (two-day) Utah Valley Hospital
□ November 19-20 (two-day) University of Utah, Salt Lake City
□ December 3-4 (two-day) Intermountain Medical Center, Murray

Scan/email your registration to UtahATLS@gmail.com Be sure to complete each highlighted field in the form; incomplete registration forms will be returned without enrollment in a class. Once your completed registration has been received, you will receive a confirmation and, depending on the date of the course, an invoice from PayPal or Utah ATLS depending on payment method. If you do not receive a registration confirmation within a few days, please email UtahATLS@gmail.com. Be sure to email to confirm space is available in the course before you mail your registration and payment.