

REGISTRATION INSTRUCTIONS

REGISTRATION FEE* FOR ADVANCED TRAUMA LIFE SUPPORT COURSE (ATLS)

Course Type	Physicians	Physician Extenders	Auditors
Student Course	\$1,100	\$1,100	\$450
Refresher Course	\$750	\$750	N/A

**A nonrefundable \$250 processing fee is included in the registration fee. Course refunds allowed only after written notification of withdrawal is received 15 business days before the course date. The UK Trauma Program Office reserves the right to cancel at any time due to unforeseen events and/or low enrollment. Participants will be refunded 100% in the event of site cancellation. Participants will be notified about 4 weeks before the course date for low enrollment cancellation.*

Email registration form and current ATLS card (refresher ONLY) to vsstec0@email.uky.edu

- a. Credit card payments: Call Vickie Stechschulte at **859-323-5022**
- b. Make checks payable to **University of Kentucky/ATLS** and mail registration form and check to:

Vickie Stechschulte, ATLS Admin.
University of Kentucky Hospital
Trauma Program Office
800 Rose Street, RoomH213
Lexington, KY 40536-0293

Telephone: **859-323-5022**
Fax: **859-257-5544**
Email: vsstec0@email.uky.edu
Website: ukhealthcare.uky.edu/trauma

REGISTRATION FORM - Please print or type.

Name _____ MD DO PA APRN auditor

Residents please indicate year i.e. 'PGY 1' _____

Address _____

City _____ State _____ ZIP code _____

Home Phone _____ Work phone _____

Email Address: _____ Preferred Course Date: _____

Hospital Affiliation _____

Specialty _____

If you have dietary restrictions or need other accommodations, please let us know.

SUBMIT