



**American Burn Association
ADVANCED BURN LIFE SUPPORT
Registration Form
Provider Course, May 22, 2008**

SHRINERS HOSPITAL FOR CHILDREN
CINCINNATI, OHIO
REGISTRATION DEADLINE: **MAY 6, 2007**

STEP 1: Name/Address

Complete Name (first name, middle initial, last name)—PLEASE PRINT OR TYPE EXACTLY AS IT SHOULD APPEAR ON CERTIFICATE

_____ Degree(s) _____

Organization _____

Org. Address _____

City _____ State _____ Zip Code _____ Country _____

Work Phone _____ Fax _____ Email _____

Profession *Please circle* Physician RN LVN LPN PA Paramedic EMT PT/OT Social Worker Firefighter Other _____

STEP 2: Shipping Address for ABLs Manual

Shipping Address _____

City _____ State _____ Zip Code _____ Phone _____

STEP 3: ABLs Registration Fees

Provider Course: May 22, 2008

Nurses, Nurse Practitioners, Therapists, Physician Assistants, Paramedics

By May 6

After May 6

\$ 200

\$ 245

Physicians, Residents

\$ 325

\$ 370

*If you are on staff at Shriners Hospital for Children, you are entitled to deduct 10% from the above registration fees.

Refund Policy: For cancellations received after the registration deadline date and upon return of manual, the refund will be less 25% of course fee.

STEP 4: Payment Information (Please fax with payment information)

Payment Enclosed for \$ _____ Check Number: _____

Visa American Express MasterCard Credit Card Number _____ Expiration Date _____

Signature (required for credit card registration) _____

One week before the course, ABLs Course Manuals will be mailed Priority Mail (2-3 days delivery) upon receipt of payment (money order or check in US Funds or credit card). Those registering close to the course date may not receive a manual before the course. ABLs Course Certificate contingent upon successful course completion.

STEP 5: Fax Form with Payment Information To:

AMERICAN BURN ASSOCIATION
ABLS REGISTRATION
625 NORTH MICHIGAN AVE.
SUITE 2550
CHICAGO, IL 60611
TEL (312) 642-9260
FAX (312) 642-9130