



**American Burn Association
ADVANCED BURN LIFE SUPPORT
Registration Form
Provider Course, July 12, 2008**

SEWARD COUNTY COMMUNITY COLLEGE
LIBERAL, KANSAS
REGISTRATION DEADLINE: **JUNE 19, 2008**

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: Home Address for ABLS Manual

Shipping Address _____

City _____ State _____ Zip Code _____ Phone _____

STEP 3: ABLS Registration Fees (Paid by Grant if eligible)

Provider Course: July 12, 2008

	<u>By June 19</u>	<u>After June 19</u>
Nurses, Nurse Practitioners, Therapists, Physician Assistants, Paramedics Resident Physicians	<input type="checkbox"/> \$ 175	<input type="checkbox"/> \$ 230
Physicians	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 345

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

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**