



**American Burn Association
ADVANCED BURN LIFE SUPPORT
Registration Form
Provider Course, April 21, 2008**

PARKLAND HEALTH AND HOSPITAL SYSTEM
DALLAS, TEXAS
REGISTRATION DEADLINE: **APRIL 7, 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: Shipping Address for ABLS Manual

Shipping Address _____

City _____ State _____ Zip Code _____ Phone _____

STEP 3: ABLS Registration Fees

Provider Course: April 21, 2008

By Ap. 7

After Ap. 7

Nurses, Nurse Practitioners, Therapists, Physician Assistants, Paramedics
Resident Physicians

\$ 200

\$ 245

Physicians

\$ 325

\$ 370

*If you are on staff at Parkland Hospital, 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

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**