**Burn Surge Training Course Registration Form**

***PRE-REQUISITE: ABLS or ABLS NOW***

\*\*Please Type or Print *clearly\*\**

|  |  |
| --- | --- |
| Name:  |   |
|  |  |
| Credentials: |
| Institution/Hospital: |
|  |
| E-mail address:  |
|  |
| Healthcare Coalition Region you are from? |
| 1 | 2N | 2S | 3 | 5 | 6 | 7 | 8 |
|  |
| **Please place a check by the training date you wish to attend:*** March 29, 2022
* June 7, 2022
* August 9, 2022
* November 8, 2022

*Please Print Clearly* |
|  |

**\*\*Please email completed form to Sarah Parviz**

**separviz@med.umich.edu**