**Burn Surge Training Course Registration Form**

8 am – 2pm

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | |  | | | |
|  | | | | |  | | | |
| Credentials: | | | | | | | | |
| Institution/Hospital: | | | | | | | | |
|  | | | | | | | | |
| E-mail address: *(please use your work email)* | | | | | | | | |
|  | | | | | | | | |
| Healthcare Coalition Region you are from? | | | | | | | | |
| 1 | 2N | 2S | 3 | 5 | | 6 | 7 | 8 |
|  | | | | | | | | |

**Please put a check by the date you are registering for:**

* February 13, 2024
* May 14, 2024
* August 13, 2024
* November 12, 2024

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

**separviz@med.umich.edu**