**Burn Surge Training Course Registration Form**

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | |  | | | |
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| 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**