



Burn Surge Training Course Registration Form

PRE-REQUISITE: ABLIS or ABLIS NOW

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

Name: _____

Credentials: _____

Institution/Hospital: _____

E-mail address: _____

Healthcare Coalition Region you are from?

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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**