**Burn Surge Training Course Registration Form**

8 am – 2pm

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

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

|  |  |
| --- | --- |
| 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**