



UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER  
ADVANCED TRAUMA LIFE SUPPORT

REGISTRATION FORM

Please print or type.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Specialty \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Please mark course selection:

A.	February 22, 2012	Refresher Course
B.	March 7-8, 2012	Provider Course
C.	May 16, 2012	Instructor Course
D. (UK residents only)	June 27-28, 2012	Provider Course
E.	October 19, 2012	Refresher Course
F.	December 5-6, 2012	Provider Course

Fee: Student Course - \$800.00 for physicians - \$300.00 for auditors

Instructor Course - \$500.00

Student Refresher Course - \$400.00 for physicians\*

\*Please send a copy of your current ATLS card with your registration form for the Student Refresher course.

Make checks payable to: **University of Kentucky/ATLS** and send registration form and check to the following address:

**Joyce Swim, ATLS Admin.**  
**University of Kentucky Hospital, Trauma Services**  
**800 Rose Street, Room H213**  
**Lexington, KY 40536-0293**

Telephone: 859-323-5022

Fax: 859-257-5544

Email: [jswim2@email.uky.edu](mailto:jswim2@email.uky.edu)

Website: [www.mc.uky.edu/Traumaseservices/](http://www.mc.uky.edu/Traumaseservices/)

A nonrefundable \$175.00 processing fee is included in the registration fee. Course refunds only after written notification of withdrawal received 15 business days prior to the course date.