



**ATLS Course Registration**  
**Florida Atlantic University College of Medicine**  
**Simulation Center**  
**3998 FAU Blvd. #200**  
**Boca Raton Fl. 33431**

Name: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Specialty: \_\_\_\_\_  
(ARNP, MD, DO, EMT-P, etc.) (Surgery, Emer, Med, Ortho, etc.)

Have you ever taken ATLS prior to this? **Y N** If Yes, Where/When? \_\_\_\_\_

**ATLS Provider** Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\*Not course number MM/DD/YYYY

**Click the Link below to be taken to the Marketplace for payment:**

[https://epay.fau.edu/C20081\\_ustores/web/store\\_cat.jsp?STOREID=98&CATID=288](https://epay.fau.edu/C20081_ustores/web/store_cat.jsp?STOREID=98&CATID=288)

**For more information contact:** Sindiana Echeverri at [secheverri@health.fau.edu](mailto:secheverri@health.fau.edu)

**Course Price**

**Traditional (2 day). Refresher (1 day) Course Fees:**

FAU COM Staff Physicians:	\$800.00
FAU COM Resident Physicians:	\$800.00
Outside Physicians:	\$950.00
Mid-Level Providers (NP, PA):	\$850.00

**Cancellation Policy:**

**If you cancel 30 days or more before the course, you will receive a refund of 75%, or you are eligible to apply the total amount to register to either of the next two available ATLS classes sponsored by FAU College of Medicine. Refunds will not be processed if you cancel less than 20 days before course. The paid amount can be applied to register to either of the next two available ATLS classes sponsored by FAU College of Medicine**

**I acknowledge that I have read and agree to the above information provided:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_