American Burn Association

ADVANCED BURN LIFE SUPPORT – ABLS

Registration form

Provider Course:

October 7, 2019

Texas Tech University Health Science Center

Lubbock, TX

**COST:** $225 for Non Physicians

$350 for Physicians

\*A course manual & schedule will be mailed to you prior to the course.\*

**\*Registration fee is required to reserve a spot for participation & to receive manual.\* \*Cash, Check, Money order and Credit Card accepted!\***

**Make checks payable to:** University Medical Center: ABLS

**MAIL REGISTRATION FORM & FEE TO:** Micah Lykins

UMC – Trauma/Burn Service Department

602 Indiana Avenue

Lubbock, Texas 79408

NAME: (*please print or type exactly as it should appear on the certificate*)

Degrees:

Company / Organization:

Address: City:

ZIP:

Work phone #:

Email (*required*): (*home email works best*)

*Your course information and book will be sent via email*

Password: 6-20 characters (required):

*Remember your password you will need it to get CEUs*

**Please send registration forms to** [**micah.lykins@umchealthsystem.com**](mailto:micah.lykins@umchealthsystem.com) **or fax it to 806-775-9311.**

**Credit/Debit Card Payment:**

**Card Type: \_\_\_\_\_\_Visa \_\_\_\_\_\_MC \_\_\_\_\_\_American Express \_\_\_\_\_\_Discover**

**Card # \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Exp: \_\_\_/\_\_\_\_**

**Security Code \_\_ \_\_ \_\_**

**Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_**

**Cancellation/Refund Policy**

*Refunds are subject to a* ***$75.00*** *administrative fee. No refunds will be given within 10 days of the course date.*