



Registration Form
Basic and Advanced Disaster Life Support
October 29, 30, & 31, 2008

Instructions: *Type or clearly print.* Name, title, and organization will appear on your name badge. *Complete one form for each student.* To be fully considered, your registration must be **received no later than** September 30, 2008. Please notify us by close of business on October 24, 2008 if you need to cancel, contact Joshua Burt at jeburt@mgh.org. If registration requests exceed availability, we will contact you to determine if you wish to be wait-listed.

Courses:

- Basic Disaster Life Support (BDLS) ½ day starting at about 1600 on 10/29/08, ending about 1900 the same date.
- Advanced Life Support (ADLS) [Prerequisite: BDLS] 2 days starting at 0800 on 10/30/08 and ending at 1700 on 10/31/08. Both will be nine (9) hour days.

Student:

First Name: _____ MI: _____ Last Name: _____

Title: _____ Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

E-Mail Address: _____

- I have special dietary needs: _____
- I have these special needs: _____
- I request EMS Continuing Education credit. My license level is: _____
- I request Nursing Continuing Education Unit credit. My degree: _____
- I request Physician Continuing Education Unit credit. My degree: _____

Lodging:

- I'll need lodging in Marquette for the nights of **both** October 29 and 30.

NOTES: If you are approved to attend, you will receive confirmation of your registration, information on how to complete the online BDLS components prior to arrival (if needed), directions to NMU and the University Center, and any other pertinent information by e-mail within five business days of receipt of your faxed application. Certain costs of healthcare personnel for travel of greater than 50 miles to/from Marquette to attend this training may be reimbursable, if other sources of funds are not available. Contact your Regional Healthcare Emergency Preparedness office for more information on financial assistance. This training is funded in part by US Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (OASPR) agreement award and supported by the Michigan Department of Community Health, Office of Public Health Preparedness, CFDA #93.889.

Please send your registration along with a personal check for \$50.00 (*Your \$50.00 check will be returned to you upon arrival at the course) guaranteeing your registration to:

Region 8 Healthcare Emergency Preparedness Network
Attn: Joshua Burt
5 80 W. College Ave.
Marquette MI 49855