

ATLS[®] Instructor Course, New Delhi
REGISTRATION FORM - ATLS- INDIA

**PLEASE FILL IN THIS FORM AND MAIL IT WITH YOUR NON-REFUDABLE
PAYMENT OF FEE TO:**

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OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

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Specialty:

Year of Graduation:

Post-Graduate Qualifications:

Year of Post-Graduation:

Hospital:

Address:

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Country:

Work Phone:

FAX:

Mobile Phone:

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Date of any ATLS provider course attended along with the registration number:

Date of any ATLS instructor course attended along with the registration number:

Are you interested in and available for the Instructor course? (Please note that you must successfully complete the Student Course and be identified as having instructor potential to attend the Instructor Course)

☐

Yes

☐

No

Please deposit the fees through Bank draft in favour of "ATLS-India" payable at Delhi. No form will be accepted without full payment.

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For the Course fee, please visit <http://www.atls.in/register.htm>