

# PARTICIPANT INFORMATION

Once the participant information form has been received and approved, you will be provided via email with a link to register for the course electronically through the Providence Alaska Learning Institute. Payment information will be provided through the online registration process.

Your Name		Specialty (FP, Surgeon, DDS, etc)		
Your Credentials (MD, DO, DDS, RN, PA, NP, etc.)				
Your email address		Previous ATLS course? <input type="checkbox"/> Y <input type="checkbox"/> N		What State?
Your Affiliation				
Work Phone	Home Phone	Fax #	Cell #	
Mailing Address <input type="checkbox"/>		City		State    Zip