American College of Emergency Physicians

International Trauma Life Support 2020

ITLS REGISTRATION FORM

International Trauma Life Support Courses gives you the knowledge and hands-on skills to take better care of trauma patients. The ITLS framework is a global standard that enables you to master the latest techniques in rapid assessment, appropriate intervention and identification of immediate life-threatening injuries.

PLEASE PRINT LEGIBLY!

Name:_____ **Course Type:** ❑ **Advanced** ❑ **Basic**

Telephone: (H) _____ **(C):** _____

Address:_____ **City:**_____ **State:** _____ **Zip:**_____

E-mail Address: _____

AgencyAffiliation_____

❑ **Check (Payable to PAEMS Office)**

❑ **Master Card** ❑ **Visa** ❑ **Discover** **Account Number**_____**Exp. Date**_____

Signature_____

Please check:

Provider Course

- ❑ Wednesday & Thursday, February 5 & 6, 2020 8:00AM – 5:00PM
- ❑ Wednesday & Thursday, June 3 & 4, 2020 8:00 AM – 5:00 PM
- ❑ Wednesday & Thursday, October 14 & 15, 2020 8:00 AM – 5:00 PM

Renewal Course **Expiration Date:**_____

- ❑ Tuesday, February 4, 2020 8:00AM – 5:00PM
- ❑ Tuesday, June 2, 2020 8:00AM – 5:00PM
- ❑ Tuesday, October 13, 2020 8:00AM – 5:00PM

Course Fee: Provider Course: $160.00 **(Payment includes ITLS Provider Manual)**
Renewal Course: $130.00 **Renewals *must have a current ITLS card***

Please return completed registration form to:
OSF Healthcare Saint Francis Medical Center
PAEMS Office
530 NE Glen Oak Ave.
Peoria, Illinois 61637 Phone: (309) 624-4638 FAX: (309) 655-2090

Course Location:
PAEMS Office
304 E. Illinois Ave
Peoria, Illinois 61603 For additional information, call (309) 624-4638 or email Danelle.a.geraci@osfhealthcare.org

Registration: *Registration deadline is two weeks prior to class date.*
Pre-course materials will be mailed prior to course. Contact The PAEMS Office if you have not received the pre-course packet at least 2 weeks prior to class.

Books: You MUST have a student textbook/handbook to complete pre-course requirements, including the pre-test.
❑ **I have my own book. I am enclosing payment to cover the cost of the course only. (Deduct $60.00)**

_____ _____
Registrant Signature Date