



Burn Surge Training Course Registration Form

PRE-REQUISITE: ABLIS or ABLIS NOW

****Please Type or Print *clearly*****

Name: _____

Credentials: _____

Institution/Hospital: _____

E-mail address: *(please use your work email)* _____

Healthcare Coalition Region you are from?

| | | | | | | | |
|---|----|----|---|---|---|---|---|
| 1 | 2N | 2S | 3 | 5 | 6 | 7 | 8 |
|---|----|----|---|---|---|---|---|



Please place a check by the training date you wish to attend:

- February 14, 2023
- May 9, 2023
- August 8, 2023
- November 14, 2023

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****Please email completed form to Sarah Parviz
separviz@med.umich.edu**