



Burn Surge Training Course Registration Form

8 am – 2pm

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?

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Please put a check by the date you are registering for:

- May 14, 2024
- August 13, 2024
- November 12, 2024

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