# VCU Medical Center

## Center for Trauma and Critical Care Education

Post Office Box 980044 - 1200 E. Broad St.
West Hospital, 15th floor, south wing
Richmond, VA 23298
(804)828-4204 *** Fax (804)828-0025

# PALS RENEWAL Course Registration for Pediatric Dentistry

**Circle date attending:**

March 6, 2010

***PLEASE PRINT - ALL INFORMATION IS REQUIRED***

TITLE: ____ DR. ____ MR. ____ MRS. ____ MS. ____none

NAME: First_____MI_____LAST_____, ____
Lineage

ADDRESS: _____

_____, _____ _ _ _ _ _ _

Is this a home or business address? (please circle) HOME BUSINESS

PHONE: (H)___-___-____ (W)___-___-____

E-mail address: _____

Suffix/Degrees: MD DO DDS DMD PA NP RN LPN EMT-P EMT-C
PharmD Other (please specify)_____

Send your registration along with payment to:
**VCU Center For Trauma and Critical Care Education**
**West Hospital, 15th Fl., South Wing**
**PO Box 980044, Richmond, Virginia 23298-0044**

***Course fees are as follows:***

DDS/DMD: $195.00*

*Lunch Included

The 2006 edition of the PALS textbook is included in the cost of your registration. It contains REQUIRED pretest materials. Please allow adequate time to complete them.

Make payment to: **MCV FOUNDATION**

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|---|---|---|---|
| Date received: | _____ | Date packet mailed: | _____ |
| Method of pymt: | _____ | Date packet picked up: | _____ |
| Pymt. amount: | _____ | Book included: | yes no |

1/13/2010