

the.difficult airwaycourse™

CRITICAL CARE

Registration Form

Contact Information	
Name:	
Professional Title:	☐ MD ☐ DO ☐ PA ☐ APN ☐ Other (specify):
Street Address:	
City, State Zip Code:	
Preferred Phone Number:	
Email Address:	
Which Course Will You Be Attending?	
☐	Denver, CO (May 4 – 6, 2018)
___ Course Fee (Physicians) - \$1245 ___ Gold Rate Tuition (Physician Assistants, Advanced Practice Nurses, Nurses & Respiratory Therapists)- \$1045 ___ Silver Rate Tuition (Residents, Fellows, or Schumacher Clinical Partners Medical Staff) - \$995	
How Will You Be Paying?	
Select One:	Check ☐ Credit Card ☐
	<i>Please make checks payable to The Difficult Airway Course: Critical Care™</i> Note that you will only be considered registered when payment is received.
Credit Card Information	
Amount To Be Charged: (Please indicate type of discount, if applicable.)	
Type of Card:	Visa ☐ Mastercard ☐ Discover ☐
Card Number:	
Expiration Date:	
Card Code:	
Signature:	
Additional Information	
Are you a hospitalist?	Yes ☐ No ☐
Are you a resident?	Yes ☐ No ☐
How did you learn about The Course?	☐ Course Postcard ☐ Internet Search ☐ Google Ad ☐ Newsletter Advertisement ☐ Friend/Colleague ☐ I Have Attended One of The Difficult Airway Courses ☐ Twitter ☐ On-Line Course Listing ☐ Website Advertisement ☐ Other
Is Residency Education part of your role at work?	Yes ☐ No ☐

Submit by mail to:

The Difficult Airway Course: Critical Care™ Registration Center
333 South State Street, Suite V-324
Lake Oswego, OR 97034

Submit by fax to: (404) 795-0711