the difficult airway course™ EMERGENCY

Registration Form

Contact Information	
Name:	
Professional Title:	◯ MD ◯ DO ◯ PA ◯ RN ◯ EMT ◯ Other (specify)
Street Address:	
City, State Zip Code:	
Preferred Phone Number:	
Email Address:	

Which Course Will You Be Attending?			
◯	Boston, MA (April 20 - 22, 2018)	◯	Denver, CO (May 4 - 6, 2018)
◯	Baltimore, MD (September 21 – 23, 2018)	◯	New Orleans, LA (October 26 – 28, 2018)
◯	San Francisco, CA (November 9 – 11, 2018)		

___ Course Fee (Physicians) **- $1490**
___ Gold Rate Tuition (Physician Assistants, Advanced Practice Nurses, Nurses & Respiratory Therapists) **- $1265**
___ Silver Rate Tuition (Residents, Fellows, and Schumacher Clinical Partners Medical Staff) **- $1190**

How Will You Be Paying?	
Select One:	Check ◯ Credit Card ◯
	Please make checks payable to The Difficult Airway Course: Emergency™ ***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:	
Card Code:	
Address for credit card if different than above	
Expiration Date:	
Signature:	

Additional Information	
Are you a resident?	Yes ◯ No ◯
How did you learn about The Course?	___ Course Postcard ___ Internet Search ___ Google Ad ___ Newsletter Advertisement ___ Friend/Colleague ___ Twitter ___ I Have Taken The Course Before ___ On-Line Course Listing ___ Website Advertisement ___ On AirwayWorld.com ___ Other
Is Residency Education part of your role at work?	Yes ◯ No ◯

Submit by mail to:
The Difficult Airway Course: Emergency™ Registration Center
333 South State Street, Suite V-324
Lake Oswego, OR 97034

Submit by fax to: (404) 795-0711