



**American Burn Association  
ADVANCED BURN LIFE SUPPORT  
Registration Form  
Provider Course, June 5, 2009**

MARRIOTT MARQUIS HOTEL  
ATLANTA, GEORGIA  
**REGISTRATION DEADLINE: MAY 5, 2009**

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**STEP 1: Name/Address**

Complete Name (first name, middle initial, last name)—PLEASE PRINT OR TYPE EXACTLY AS IT SHOULD APPEAR ON CERTIFICATE

\_\_\_\_\_ Degree(s) \_\_\_\_\_

Organization \_\_\_\_\_

Org. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Profession** *Please circle* Physician RN LVN LPN PA Paramedic EMT PT/OT Social Worker Firefighter Other \_\_\_\_\_

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**STEP 2: Shipping Address for ABLS Manual**

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**One week before the course, ABLS Course Manuals will be mailed Priority Mail (2-3 days delivery). Those registering close to the course date may not receive a manual before the course. ABLS Course Certificates are contingent upon successful course completion.**

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**STEP 5: Fax Registration Form To:**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OS/ASPR/OPEO  
Burn Nurse Program**

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