

**DARC AUSTERE MEDICAL PROGRAM:
UNCONVENTIONAL SURGICAL IMMERSION COURSE
N. LITTLE ROCK, ARKANSAS ~ APRIL 15-17, 2011**

NAME _____
(please print name exactly as it should appear on your certificate)

MAILING ADDRESS _____

EMAIL ADDRESS _____
(confirmation letters will be sent to this address- please print legibly)

DAYTIME PHONE _____ **EVENING PHONE** _____

FLYING FROM (Airport Code) _____ **DRIVING FROM (Zip Code)** _____

EMERGENCY CONTACT INFO

NAME _____ **RELATIONSHIP** _____

ADDRESS _____

DAYTIME PHONE _____ **EVENING PHONE** _____

PRE-EXISTING HEALTH CONCERNS/ CONDITIONS _____

ALLERGIES _____

PROGRAM DIRECTOR:

The Program Director of your Residency must sign this form in order for you to be eligible to attend this course.

DIRECTOR'S NAME (please print) _____

DIRECTOR'S SIGNATURE _____ **DATE** _____

INSTITUTION/ HOSPITAL NAME _____

CITY, STATE _____ **PHONE** _____

RESIDENT'S SIGNATURE _____ **DATE** _____

SPECIALTY _____

REGISTRATION DEADLINE
IS 11:59 PM CST, SUNDAY, SEPTEMBER 5, 2010
Email or E-Fax Registration Packets to: Caitlyn@darc1.com or f. 866-690-7447
If you have questions please call Caitlyn Mason @ 501-307-9031

REGISTRATION PROCESS:

1. If you have reviewed the course information and agree to comply with the Course Policy, please complete the registration form on this page and submit it, along with your essay and a copy of your credentials to Caitlyn Mason at DARC.
2. You will be notified upon receipt of your registration packet (form, essay & credentials). Once you are accepted, a letter of confirmation will be sent via email. All decisions will be made by 12:00 PM CST on Monday, September 6, 2010. Reminder: All registration correspondence will be via email.

RESIDENT APPLICATION