DARC AUSTERE MEDICAL PROGRAM: Unconventional Surgical Immersion Course N. Little Rock, Arkansas ~ April 14-17, 2011

Name	
(please print name exactly as it should appear on your certif	icate)
Mailing Address	
Email Address	
(confirmation letters will be sent to this aддr	гы- please print legibly)
Daytime Phone	EVENING PHONE
SPECIALTY	
Institution/ Hospital Name	
Address	
City, State	PHONE
DO YOU CURRENTLY HAVE A HA/DR TRIP SCHEE	DULED IN THE NEXT 12 MONTHS?
WITH WHO? POC:	PHONE:
HOW DID YOU HEAR ABOUT THE COURSE?	T-SHIRT SIZE:
	Date
EMERGENCY CONTACT INFO	
Name	RELATIONSHIP
Address	
Daytime Phone	EVENING PHONE
Pre-existing health concerns/ Conditions	
Allergies	
REGIST	RATION DEADLINE IS

11:59 PM CST, MONDAY, MARCH 28, 2011

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. Please complete the registration form on this page and submit it, along a copy of your credentials to Caitlyn Mason at DARC.
- 2. You will be notified upon receipt of your registration packet (form & credentials). HCP/ Non-Residents will be accepted on a first come, first serve basis. In the event no slots are available, you will be placed on the wait list and on the pre-registration list for the next scheduled course. Once you are accepted, a letter of confirmation will be sent via email NLT 12:00 PM on Thursday, March 31, 2011.
- 3. You will have until 12:01 AM CST on Wednesday, April 6, 2011 to confirm your slot in the course. If we do not hear from you within this time, you run the risk of losing your slot for this course and you will be notified via email.
- 4. Please do not plan to bring a spouse/guest, since we cannot accommodate these individuals at the site, nor will there be time outside of training.