

BEST COURSE REGISTRATION FORM:

To register – please complete and mail, email or fax this form and send a check or money order for **\$1500** made out to “**U.C. Regents**” to:

**UC San Diego Division of Trauma
Attention: BEST Course
200 W Arbor Drive, MC 8896
San Diego, CA 92103-8896**

**Phone 619 543 7200
Fax 619 543 7202**

I want to attend the BEST Course on:

Course Date: _____

Name: _____

E-mail: _____

Shipping Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ Cell Phone: _____

I am a: Resident Surgery Fellow Attending Surgeon

Specialty: _____

Special Dietary or ADA requirements: _____

Please Check: I am aware that cancellation by the participant less than 14 days before the course will result in a \$1500 cadaver fee charge.