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.