Association for the Advancement of Automotive Medicine
Abbreviated Injury Scaling Course Order Form

Please read this form in its entirety, complete ALL SECTIONS of the order form below, and print legibly. **Incomplete forms will not be processed.**

AAAM
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Chicago, IL 60601-2108
T: (847) 844-3880
(312) 644- 8557
Email: info@aaam.org

PLEASE REVIEW PRIOR TO SIGNING UP FOR THE APPROPRIATE COURSE.
Recommended knowledge base for success in the AIS Course (online or 2-day classroom)
These recommendation give you a solid base with which to build your AIS coding understanding.
1. Three to six months' experience working in trauma and/or coding registry.
2. Basic human anatomy course or equivalency.
3. Basic medical terminology course or equivalency.

You must completed this section to process registration.

Have you attended a basic anatomy course: ☐ Yes   Date of course [   ]   ☐ No

Have you attended a basic medical terminology course: ☐ Yes   Date of course [   ]   ☐ No

Years of experience in trauma coding: Years [   ]   Months [   ]

1. **The participant is not registered until tuition payment of $750 is received and space is confirmed in the requested course.**

2. Payment is required to confirm the register. Payment information:

   a. By Check: If you are paying by company check, print this form and mail check with the completed form to the address listed above. Payment is accepted in US funds only and must be included with the order. Make the check payable to AAAM.

   b. By Credit Card: You may scan and email the form to info@aaam.org or fax it to (312) 644-8557.

3. If you are ordering from outside the United States, there will be an additional shipping fee assessed for course books. Please email our office at info@aaam.org for the exact cost to ship your materials.

4. AAAM cannot ship to PO Box addresses. Please iprovide a valid physical shipping address to receive the course materials in a timely manner.

5. Please complete one form for each student.

Organization/Company Name	

First/Given Name		Last/Family Name	

Shipping address

Address 1	
Address 2	
Address 3	

City		ST or Prov	

Postal Code		Country	

Email	

Telephone		RN# or Last 4 SSN	

CONTINUE ON PAGE TWO

☐ Check (attached)

☐ Visa

☐ Master Card

☐ AMEX

Credit Card #

Expiration Date [   ] Security Code [   ]

Name on Card

Signature

Address 1

Address 2

Address 3

City [   ] ST or Prov [   ]

Postal Code [   ] Country [   ]

Course Selection

☐ Online   Month [   ] Year [   ]

☐ Onsite   Location [   ]

               Month [   ] Year [   ]

AAAM does not issue refunds or returns, all sales are final.