

# Abbreviated Injury Scaling Course (AIS) Registration Form



**Please complete all sections of the registration form below. Incomplete forms will not be processed.**

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

If you are paying by company check, print this form and mail check with the completed form to the address listed below. Payment is accepted in US funds only and must be included with the order. Please make check payable to AAAM. Please complete one form for each student.

## Course Selection

Online AIS Course      Month: \_\_\_\_\_ Year: \_\_\_\_\_

On-site AIS Course      Location: \_\_\_\_\_

Date of Course \_\_\_\_\_

## Participant Details

Organization/Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ RN # or Last 4 of SS: \_\_\_\_\_

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: \_\_\_\_\_

## Shipping Details

**Please note - AAAM cannot ship to PO Box addresses.** Please provide a valid physical shipping address to receive the course materials in a timely manner. Please include company name & department if applicable.

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Association for the Advancement of Automotive Medicine (AAAM)**

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