

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 _____ No _____

Have you attended a basic medical terminology course: Yes _____ No _____

Years of experience in trauma coding: Years: _____ Months: _____

Course participant materials are delivered electronically. AIS Dictionary may be received electronically or hardcopy. Please select how you would like to receive your AIS Dictionary:

Electronic copy _____ Hardcopy _____

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: _____

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