

Course Order Form

Submit the completed form to
TraumaEducation@facs.org

CONTACT INFORMATION

Name of Individual filling out form: _____ Date Requested: _____

Region: _____ Course Site: _____

Check all that apply
and enter quantity:

☐ ATLS - Instructor _____ ☐ ATLS - Student _____ ☐ ADMR* _____

☐ ASSET _____ ☐ ATOM _____ ☐ BEST _____

☐ DMEP - Instructor _____ ☐ DMEP - Student _____ ☐ eDMEP* _____

☐ TEAM _____ ☐ RTTDC _____ ☐ BTF* _____

*For these online courses, bulk discounts may apply

BILLING INFORMATION

Customer Name/Attention: _____

Customer Email: _____ Customer Phone: _____

Billing Address: _____

SHIPPING INFORMATION ☐ Same as Billing Address

Shipping Address: _____

Please specify language and additional comments or notes:



FOR OFFICE USE ONLY

Total Amount Including Shipping: _____ Aptify Order ID: _____

Any discounted or special pricing? ☐ No ☐ Yes, please explain: _____

☐ Invoice Sent ☐ Payment Received Payment Date: _____

Payment Method: ☐ Credit Card ☐ Check ☐ Money order ☐ Other: _____

Shipping Method: _____

LMS Passes Allocated? ☐ No ☐ Yes, _____

Team Member Who completed Order: _____ ☐ TECS ☐ Offices Services