SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS

AUTOMOTIVE SAFETY PROGRAM
Indiana University School of Medicine

Safe Travel for All Children: Transporting Children with Special Health Care Needs

Course Registration Form

STAC Two Day In-Person Course: Y ☐ or N ☐ STAC Hybrid with One Day In-Person Course: Y ☐ or N ☐
Lead Instructor Name: _____
Agency: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail Address: _____

Please initial the following statement:
_____ I agree to teach the class in its entirety.

Please list all co-instructors and/or guest speakers that are anticipated to be assisting with this STAC course: (please include all names and contact information)

A) _____
B) _____
C) _____

Please provide the following information:
Course Administrator: _____
Course Administrator Phone: _____
Course Administrator e-mail Address: _____
Dates of Course: _____ Start Time: _____ End Time: _____
Address of Course: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Registration Fee: _____ Registration Deadline: _____
Registration Link (if applicable): _____

Expected Number of Safe Travel for All Children participants: _____

*__Please initial the following statement:__
_____ I have completed the survey for the STAC Licensing Agreement and invoice to be sent to receive access to the updated documents: https://iu.co1.qualtrics.com/jfe/form/SV_85NADXuHwrJVynk

*Brochures can be downloaded free of charge at preventinjury.medicine.iu.edu/brochures.
*Course materials must be submitted to the National Center within **30 days** of course end date.

Please return this course registration form to:
National Center for the Safe Transportation of Children with Special Health Care Needs
Pediatric Care Center / 1002 Wishard Blvd PC 0001 / Indianapolis, IN 46202
Fax to 317-274-6710 OR submit electronically to natlcntr@iu.edu.

Please direct questions to the National Center at natlcntr@iu.edu or 1-800-543-6227.