

**2018 BI-ANNUAL BLS – ACLS RECERTIFICATION
NOVEMBER 14TH, 2018 from 8am to 4:30pm
REGISTRATION FORM**

***** PLEASE PRINT THIS DOCUMENT AND MAIL WITH PAYMENT *****

NAME - _____

EMAIL ADDRESS - _____

IF YOU WOULD LIKE TEXT UPDATES PLEASE INCLUDE YOUR CELL NUMBER

_____ - _____

PROFESSION- _____

DO YOU HAVE A VALID CPR CARD? _____ AND ACLS CARD? _____

**DO YOU NEED ANY ACCOMODATIONS FOR WRITTEN TESTING OR
PARTICIPATION WITH PRACTICAL STATIONS?**

YES ___ NO ___

IF YES, PLEASE EXPLAIN:

**THE COST OF THIS COURSE IS \$150.00 WHICH DOES NOT INCLUDE MANUALS
PAYMENT AND REGISTRATION FORM MUST BE MAILED TO:**

**MARK VITALE
577 PINEDALE AVENUE
ATHOL, MASS 01331**

**PAYMENTS MADE OUT TO:
PRIORITY ONE EMS EDUCATORS**

THE DEADLINE FOR REGISTRATION IS OCTOBER 31, 2018

