

ADVANCED CARDIAC LIFE SUPPORT WITH BLS COURSES – REGISTRATION FORM – JUNE 2011

Loyola Health Care System – An American Heart Association - Illinois Region - Designated Training Center

I currently hold valid BLS and ACLS certifications

(Please attach copies of provider cards, current certifications must not expire before Sept. 1, 2011)

Current certifications will be invalid on or before Sept. 1, 2011. I will secure recertification outside the Loyola system

I will certify or recertify through the Loyola system (Complete below form)

Name: _____ Title/Occupation: _____

Address: _____ Employer/Dept.: _____

City/State/Zip: _____ Daytime Phone: _____

Pager No. () _____ E-mail: _____

PLEASE CHECK WHICH COURSE YOU WOULD LIKE TO ATTEND.

You must have a current BLS card to attend any ACLS course. You must have a current ACLS card to attend an ACLS Renewal Course.

√	Course Title	Course Date	Time	Registration Deadline	Course Fees	
					Non-LUHS Employee	LUHS * Employee
<input type="checkbox"/>	Advanced Cardiac Life Support – Recognition (Includes BLS Renewal)	Thursday June 16 *Residents Only	7:00am – 7:00pm	June 2	\$210	\$140
<input type="checkbox"/>	Advanced Cardiac Life Support-Renewal (Includes BLS Renewal)	Thursday June 16 *Residents Only	7:00am - 3:30pm	June 2	\$150	\$120
<input type="checkbox"/>	Advanced Cardiac Life Support – Recognition (Includes BLS Renewal)	Monday June 27 *Residents Only	7:00am – 7:00pm	June 13	\$210	\$140
<input type="checkbox"/>	Advanced Cardiac Life Support-Renewal (Includes BLS Renewal)	Monday June 27 *Residents Only	7:00am -3:30pm	June 13	\$150	\$120

Payment options: Cash, personal check or money order payable to **Loyola University Medical Center**, DISCOVER, VISA, MASTERCARD, or American Express. **Course fee includes student manuals, provider course, and course cards.**

Credit Card #: _____ Exp. Date: _____ V/Code: _____

To Register: Complete this registration form; enclose payment and a **copy of both sides of current BLS provider card and current ACLS card** (for renewal course) and mail, fax, or bring in person to:

Loyola University Medical Center
c/o [Your Training Program]
2160 S. 1st Avenue
Maywood, IL 60153
Fax Number: 708-216-5446

Registration Checklist:

- Completed Registration Form with Payment -- (Fee will be credited after completion of course and return of manuals)
- Copy of both sides of current BLS provider card and Copy of both sides of current ACLS provider card for Renewal Course
- Check here and include a separate payment of \$16 if you want student manuals sent USPS Priority Mail

Confirmation & Cancellation:

A confirmation letter and course materials will be sent to you after receiving payment and registration.

Cancellations must be received no later than 5 business days before the course date.

Cancellations received less than 5 business days before the class and no shows will forfeit course fee.

For additional information contact: LUHS AHA Training Center (708) 216-3965 Office hours Monday-Friday 9:00am – 4:00pm

-----DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY-----

Registration Form Complete	YES NO	Copy of BLS Card YES NO	Copy of ACLS Card for Renewals YES NO N/A
Payment	CASH CHECK CREDIT CARD	Payment Processed: YES NO	Payment Returned Payment Forfeited
Course Materials: Letter Manuals Review Sheet	Picked-Up: _____ Mailed: _____ Initials: _____		