

This form is for your reference; please DO NOT submit it with your completed registration form. Thank you.

To Register:

1. Confirm available class space at www.regionshospital.com/ems under “Course Status” or call the Education Hotline at (651) 793-4001 before sending in registration materials.
2. Registration is considered complete only upon receipt of a complete form AND payment or a manager’s signature authorizing billing.
3. If you are registering for an ACLS or PALS *Recertification Course*, please attach a copy of your current AHA Provider card to your registration form.
4. Complete the attached registration form and send with your payment to:
Regions Hospital EMS Education
13801B
640 Jackson Street
Saint Paul, MN 55101
5. If tuition is being paid by your employer, you may fax the signed registration form to:
651-778-3778
Attn: Education Assistant

Cancellation Policy:

1. Cancellations must be received in writing:
Fax: 651-778-3778
Attn: Education Assistant

Mail: Regions EMS Education
13801B
640 Jackson Street
Saint Paul, MN 55101

Email: EMSEducation@healthpartners.com
2. For **AHA Courses** – cancellations received more than 7 days before the course date will receive a full refund, issued upon return of all course materials.
3. For **ENA Courses** – cancellations received more than 14 days before the course date will receive a full refund, issued upon return of all course materials.
4. If a cancellation is received with less notice than stipulated above, no refund will be issued. Any loaned material must be returned to Regions EMS Education – otherwise an invoice will be issued for the cost of that material.
5. This policy applies for requests to reschedule for a later course.

Course Location:

All courses will be held at the Regions EMS Administrative offices unless otherwise noted.

EMS Administrative Offices
1678 Suburban Ave.
Saint Paul, MN 55106

Other locations: Contact our office for details.

Audience Seasoned physicians in need of an ACLS course.
Text Advanced Cardiac Life Support Provider Manual, American Heart Association, 2006
(Required)
CEU's To be determined

Course Dates January 18, 2008 August 8, 2008
(Choose one) March 14, 2008 October 10, 2008
 April 25, 2008 November 14, 2008
 May 16, 2008
Course Hours 9am – 3pm
Location 1678 Suburban Avenue, Saint Paul, Minnesota

Participant Name _____
Title MD DO
Employer/Field of Practice _____
Address _____
Street Apt # City State Zip
Phone _____ Email _____

Tuition & Payment General Public \$185(Tuition \$150 + Text \$35)
Regions Hospital Affiliate..... \$150
 Check enclosed for \$ _____
 Credit Card Payment: Visa Discover MasterCard American Express
_____ Credit Card Number _____ Card Validation Number (3 digit code on back of card) _____ Expiration Date _____
Card Holder's Name (Please print name) _____
Amount Charged to Credit Card \$ _____
 Please transfer Regions Hospital or HealthPartners funds from _____
Account Number-Account Unit
Manager (Please print name) _____
_____ Manager's Signature (Required) _____ Manager's Phone Number _____
 Please bill my employer:
Employer _____
Billing Address _____
Agent (Please print name) _____
_____ Agent's Signature (Required) _____ Agent's Phone Number _____

Cancellations Cancellations received more than 1 week before the ACLS-MD course date will receive a full refund upon return of course materials. Cancellations received 1 week or less prior to the course date will not receive a refund. *Cancellations must be made in writing and will not be accepted over the phone.*