

*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](http://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.

<b>Audience</b>	Healthcare providers in need of recertifying a credential in CPR
<b>Text</b>	<u>Basic Life Support for Healthcare Providers Manual</u> , American Heart Association, 2006
<b>CEU's</b>	To be determined

<b>Course Dates</b> (Choose one)	<input type="checkbox"/> May 29, 2008 - 6pm – 8pm
<b>Location</b>	1678 Suburban Avenue, Saint Paul, Minnesota

<b>Participant</b>	Name _____
	Title <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Paramedic <input type="checkbox"/> Other: _____
	Employer/Department _____
	Address _____ Street Apt # City State Zip
	Phone _____ Email _____

<b>Tuition &amp; Payment</b>	General Public ..... \$65
	Regions Hospital Affiliate..... \$50
	<input type="checkbox"/> Check enclosed for \$ _____
	<input type="checkbox"/> Credit Card Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> 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 \$ _____
	<input type="checkbox"/> Please transfer Regions Hospital or HealthPartners funds from _____ Account Number-Account Unit
	Manager (Please print name) _____
	_____ Manager's Signature (Required) Manager's Phone Number
<input type="checkbox"/> Please bill my employer:	
Employer _____	
Billing Address _____	
Agent (Please print name) _____	
_____ Agent's Signature (Required) Agent's Phone Number	

<b>Cancellations</b>	Cancellations received more than 1 week before the Healthcare Provider CPR course date will receive a full refund upon return of course materials. <u>Cancellations received 1 week or less prior to the course date will not receive a refund.</u> Cancellations must be made in writing and will not be accepted over the phone.
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