



LIFE SUPPORT TRAINING CENTER / COURSE REGISTRATION FORM

Name: _____, _____ Daytime Phone: _____
 Last First

Mailing Address: _____
 Number Street Apt. # City State Zip

*** Pre-Course Packet / Book will be mailed to above address. (Only for PALS/ACLS/NRP)**

Email Address: _____
 Title Nurse Physician Medic Other

Make checks payable to: **Shore Medical Center Life Support Training Center.**
All fees collected support the training programs of Shore Medical Center, not the American Heart Association.

RETURN TO:
 Life Support TC Coordinator
 Shore Medical Center
 1 East New York Avenue
 Somers Point, NJ 08244

TC Coordinator: Christina Kozmor
 Phone: (609) 653-3962
 Fax: (609) 926-4793
 Email: TrainingCenter@shorememorial.org

Payment/Cancellation Policy

1. Payments are due two weeks in advance of the course date. Notice of cancellation(s) is requested 2 weeks prior to course date.
2. Substitution of course date is permitted **within the calendar year. No refund after this time.**

<input type="checkbox"/>	BLS for HCP (CPR) Provider Manual Required \$60.00/Certification Manual \$15.00 \$50.00/Recertification Manual \$15.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	BLS Instructor* \$350.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	ACLS Provider* (Full Course) \$250.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	ACLS with an Obstetric Focus * (Full course) \$350.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	ACLS Provider* (Re-Cert) \$150.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	PALS Provider* (Full Course) \$250.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	PALS Provider* (Re-cert) \$150.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	NRP* (Full Course) \$150.00	Course Date	1 st choice 2 nd choice
<input type="checkbox"/>	NRP* (Re-cert) \$75.00	Course Date	1 st choice 2 nd choice

See course description for other pre-requisites.

***Course Fee Includes Book**
***Current Healthcare Provider/CPR course completion card required (enclose a copy of the CPR card)**