

ACLS Provider Initial Course

Registration Form

Course Length: About 14 hours • Conducted by ExtendLife® Training Systems

Limited seating: space may sellout without notice.

Target Audience: Emergency, intensive care, and critical care providers who may need to respond to a cardiovascular emergency: physicians, nurses, respiratory therapists, and others legally authorized to perform invasive procedures and drug administration. Accurate recognition of ECG rhythms and knowledge of cardiac pharmacology are essential for successful completion of this course.

Please check course month desired:

May 2008

Sat. 5/10/08 8:00 – 5:00 • Sat. 5/17/08 - 8:00 – 3:00

August 2008

Sat. 8/16/08 8:00 – 5:00 • Sat. 8/23/08 - 8:00 – 3:00

November 2008

Sat. 11/01/08 8:00 – 5:00 • Sat. 11/08/08 - 8:00 – 3:00

Course Fee: \$150

Paid with application (manual purchased separately)

Credit Card Personal Check Money Order Cashier's Check

Please check credit card type:

VISA MasterCard Discover American Express

Card # _____ Exp. Date _____

Name on card _____

Card billing address _____

Card Security Code _____

Contact Phone Number _____

Mailing Address _____

Email Address _____

Fax: _____

Send registration confirmation to:

Email Address Mailing Address Fax

ACLS Provider *Initial Course* Registration Agreement

I agree that all registrations for this course are final. No refunds are available. In addition, should my payment presented be dishonored, I agree that ExtendLife, Inc. shall use whatever means legally necessary to recoup these funds including, but not limited to, collection fees, attorney fees, and court costs. Should this event be cancelled by ExtendLife, Inc. for any reason, I will receive a 100% credit or refund of my course fee.

ACLS Provider Manuals may be returned in new condition (shrink wrap intact) to the original vendor subject to that vendor's return/refund policies. If materials are purchased online at ExtendLife.net, I understand and agree that the vendor is Emergency Training Associates and not ExtendLife, Inc.

I understand that upon arrival I must present: a valid, unexpired American Heart Association® *BLS for Healthcare Providers* certification card in my name (not a copy), an American Heart Association® *ACLS Provider Manual # 801088*, and a completed *ACLS Written Pre-Course Self-Assessment (Pretest)*, which is available to download at www.extendlife.net. I further agree that without these prerequisites, I will not be admitted to the class, I will be considered a no-show and will forfeit my course fee, and that I will have no rescheduling privileges.

I agree that I must attend both sessions in their entirety to successfully complete the course, and that late arrivals may be treated as a no-show. I understand recognition of ECG rhythms and knowledge of cardiac pharmacology are essential for successful completion of this course.

I acknowledge it is my responsibility to obtain or purchase the aforementioned manual, and that it is available online through Emergency Training Associates via the ExtendLife® web site at www.extendlife.net or by calling 1-800-367-0382. The manual is also available through these authorized American Heart Association® vendors:

WorldPoint ECC, Inc.
1-888-322-8350

Channing Bete Company
1-800-611-6083

Laerdal Medical Corp.
1-888-562-4242

A confirmation *with driving directions* will be sent via the method requested above.

Name of Attendee – Please Print

X

Signature

Date

If paying by credit card, please fax both pages to 423-698-5999 or mail to address below. If paying by money order or check, please make payable to ExtendLife, Inc. and mail to:

ACLS Registration
ExtendLife, Inc.
209 Brookwood Drive
Chattanooga, TN 37411-1804.

Feel free to contact us for assistance at 423-698-4900 (press option 1).