

ACLS Provider 2010 Renewal Course

Registration Form

Course Length: About 8 hours

Sponsored by ExtendLife® Training Systems

Limited Seating: Space may sellout without notice.

Please check the course desired

- JAN 2010** – Fri. 1/22/09 • 8:00 a.m. – 4:30 p.m.
- MAR 2010** – Tue. 3/16/09 • 8:00 a.m. – 4:30 p.m.
- MAY 2010** – Tue. 5/11/09 • 8:00 a.m. – 4:30 p.m.
- JUL 2010** – Tue. 7/13/09 • 8:00 a.m. – 4:30 p.m.
- SEPT 2010** – Tue. 9/21/09 • 8:00 a.m. – 4:30 p.m.
- NOV 2010** – Tue. 11/16/09 • 8:00 a.m. – 4:30 p.m.

Course Fee: \$125

Paid with application

(ECC Handbook 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 *Renewal Course* Registration Agreement

I agree that all registrations for this course are final. 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 or ECC Handbooks 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 both a valid, unexpired American Heart Association® *BLS for Healthcare Providers* certification card (not a copy), a valid, unexpired American Heart Association® *ACLS Provider* certification card (not a copy), and a copy of the American Heart Association® *ECC Handbook 2008 # 801484*. 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.

Courses begin promptly, and late arrivals risk being denied admittance at the sole discretion of the instructor. Such circumstance may also be treated as a no-show.

I understand it is my responsibility to obtain or purchase the aforementioned handbook, 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. It 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 & Occupation – Please Print

X _____
Signature

Date

If paying by credit card, please fax both pages to 423-698-5999 or mail. 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).