BLS for Healthcare Providers Course

2012 Schedule & Registration Form

SELECT COURSE: X **#34776 JANUARY 13** X **#34777 FEBRUARY 16** ___ **#34778 MARCH 7**
___ **#34779 APRIL 17** ___ **#34780 MAY 9** ___ **#34781 JUNE 12**

TO REGISTER:

Online: http://aheconnect.com/registration/srahec/findevents.asp

Or fax this form to:
(910) 323-0674

Or mail this form to: SR-AHEC, Attn: Training Center
1601 Owen Drive Fayetteville NC 28304

❒ Dr. ❒ Mr. ❒ Mrs. ❒ Ms. ❒ Miss

Name: _____

Last 4 digits of SSN: _____ Degree: _____

Home Address: _____

City, State, Zip: _____

Home County: _____

Home Phone: _____

Email: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Work County: _____

Work Phone: _____

Job Title: _____

Who is paying: Payments accepted: Credit Card, Check, & Cash

❒ **I am:** Mastercard/Visa # _____ Expiration Date: _____/_____

❒ **My Organization:** Supervisor Signature _____ Phone No.: _____

Organization Mastercard/Visa # _____ Expiration Date: _____/ _____

"The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees need for AHA course material, do not represent income to the Association."

What Can I Expect?
The American Heart Association Basic Life Support (CPR/AED) course for healthcare professionals.

Who Should Attend?
All healthcare professionals and students entering into healthcare educational programs.

Course Fee: Includes completion card and student manual.
Registration fee $75 / Student Registration: $45, must provide current Student ID

Time: 8:30 am—12:30 pm | **Check-in:** 8:15 am

Course Location: Southern Regional AHEC, 1601 Owen Drive, Fayetteville NC 28304 | 2nd Floor, Gerald Strand Auditorium

SOUTHERN REGIONAL AHEC
AREA HEALTH EDUCATION CENTER
In affiliation with Duke University Medical Center
Part of the NC AHEC Program

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Office Use: Check/Auth # _____ ❒ **Cash** ❒ **Check** ❒ **Credit Card** **Date** _____
Amount $_____ ❒ **Student Rate** **Book sent/picked up:** ❒ **Yes** ❒ **No** **Date:** _____