



# EMS Training Center

Date \_\_\_\_\_

## Training Registration Form

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

- |   |          |   |         |
|---|----------|---|---------|
| <input type="checkbox"/> BLS HCP Full Course        | \$35.00  | <input type="checkbox"/> First Aid      | \$35.00 |
| <input type="checkbox"/> BLS HCP Refresher          | \$25.00  | <input type="checkbox"/> Heartsaver CPR | \$25.00 |
| <input type="checkbox"/> ACLS/PALS Refresher        | \$105.00 | <input type="checkbox"/> AIDS 1 Hr      | \$10.00 |
| <input type="checkbox"/> ACLS/PALS Full Course      | \$130.00 | <input type="checkbox"/> AIDS 4 Hr      | \$40.00 |
| <input type="checkbox"/> EVOC                       | \$100.00 | <input type="checkbox"/> AIDS 2 Hr      | \$20.00 |
| <input type="checkbox"/> EMT/Paramedic Refresher    | \$120.00 | <input type="checkbox"/> CEVO II        | \$60.00 |
| <input type="checkbox"/> Liberty Ambulance Employee |          | <input type="checkbox"/> OTHER          | AMT     |
| <input type="checkbox"/> Exempt Staff               |          |   |         |

\_\_\_\_\_  
List Facility Here Amount

### Date of Course

Payment Options

- Check or MO
- VISA or MC
- Cash (In Person only)

Date Pd \_\_\_\_\_

### Credit/Debit Card Information

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Name as appears on card \_\_\_\_\_

CV # \_\_\_\_\_

Signature \_\_\_\_\_

I agree to payment of this in accordance with the terms and conditions of the cardholder agreement.

\_\_\_\_\_  
Date

Refunds will be given in the form of the payment made. Checks are required to clear before a refund can be made. Returned checks are subject to a \$35.00 check fee or as allowed by state law.

All fees must be paid in full to receive certificates for courses taken.