WEB REGISTRATION

URSE DATE:				
ALTERNATE DATE (if requested class is full):				
	·			
PRE-REQUISITE (for Healthcare Provider Renewal Only): Include a copy of your current Healthcare Provider Certification Card. INCLUDES: Required Textbooks (for all but instructor renewal courses & e-learning courses.)				
Cost:				
PLEASE MAIL MY TEXT (add \$8 shipping & handling – Instructor courses add \$15 for mailing)				
CANCELLATION POLICY : No refunds are issued; however for a \$5 fee, funds may be applied to a future course within 90 days of the course you cancelled. "No-shows" or same day cancellations forfeit all funds paid.				
DCATION: Henry Ford Macomb Hospital (formerly St. Joseph's Mercy Hospital) 15855 19 Mile Road Clinton Twp, MI 48038				
Included in Confirmation letter mailed/emailed upon receipt of registration.				
Visa / MC or Check payable to: A-1 Health & Safety Education P.O. Box 1302 Sterling Hts, MI 48311-1302				
REGISTRATION QUESTIONS: Nancy Dufoor 586-726-2587 FAX FORM TO: 586-991-0413				
NAME:			AMOUNT: \$	
MAILING ADDRESS:				
Сіту:		STATE:	ZIP:	
DAYTIME PHONE:		EVENING PHONE:	EVENING PHONE:	
	TE (if requested class (for Healthcare Provider Required Textbooks (L MY TEXT (add \$8 POLICY: No refunds f the course you canc Henry Ford Macomb formerly St. Joseph's 15855 19 Mile Road Clinton Twp, MI 480 Included in Confirma Visa / MC or Check QUESTIONS: Nancy I ESS:	TE (if requested class is full): (for Healthcare Provider Renewal Only): I Required Textbooks (for all but instr L MY TEXT (add \$8 shipping & han POLICY: No refunds are issued; how f the course you cancelled. "No-show Henry Ford Macomb Hospital <i>formerly St. Joseph's Mercy Hospita</i> [5855 19 Mile Road Clinton Twp, MI 48038 Included in Confirmation letter maile Visa / MC or Check payable to: QUESTIONS: Nancy Dufoor 586-726 ESS:	TE (if requested class is full): (for Healthcare Provider Renewal Only): Include a copy of your cu Certification Car Required Textbooks (for all but instructor renewal courses & e L MY TEXT (add \$8 shipping & handling – Instructor courses POLICY: No refunds are issued; however for a \$5 fee, funds n f the course you cancelled. "No-shows" or same day cancellati Henry Ford Macomb Hospital (formerly St. Joseph's Mercy Hospital) 15855 19 Mile Road Clinton Twp, MI 48038 included in Confirmation letter mailed/emailed upon receipt of Visa / MC or Check payable to: A-1 Health & Safety I P.O. Box 1302 Sterling Hts, MI 4831 QUESTIONS: Nancy Dufoor 586-726-2587 FAX ESS: STATE:	TE (if requested class is full): TE (if requested class is full): (for Healthcare Provider Renewal Only): Include a copy of your current Healthcare P Certification Card. Required Textbooks (for all but instructor renewal courses & e-learning courses.) L MY TEXT (add \$8 shipping & handling – Instructor courses add \$15 for mailing POLICY: No refunds are issued; however for a \$5 fee, funds may be applied to a 1 f the course you cancelled. "No-shows" or same day cancellations forfeit all funds Henry Ford Macomb Hospital (formerly St. Joseph's Mercy Hospital) [5855 19 Mile Road Clinton Twp, MI 48038 Included in Confirmation letter mailed/emailed upon receipt of registration. Visa / MC or Check payable to: A-1 Health & Safety Education P.O. Box 1302 Sterling Hts, MI 48311-1302 QUESTIONS: Nancy Dufoor 586-726-2587 FAX FORM TO: 586-991 AMOUNT: \$ ESS: STATE:

EMAIL:

WE ACCEPT all major credit cards:

Expiration Date:

Signature:

(IF CREDIT CARD HOLDER <u>NAME</u> OR <u>ADDRESS</u> IS DIFFERENT THAN ABOVE, PLEASE LIST BELOW:)

CVV:

Name of cardholder:

Address of cardholder:

PAYMENT MUST ACCOMPANY REGISTRATION

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