

## WEB REGISTRATION

<b>REQUESTED COURSE DATE:</b>	
<b>ALTERNATE DATE (if requested class is full):</b>	
<b>COURSE NAME:</b>	

**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.)

<b>COST:</b>	
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**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.

**LOCATION:** Henry Ford Macomb Hospital  
(formerly St. Joseph’s Mercy Hospital)  
15855 19 Mile Road  
Clinton Twp, MI 48038

**ROOM:** Included in Confirmation letter mailed/emailed upon receipt of registration.

**PAYMENT: 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

<b>NAME:</b>	<b>AMOUNT: \$</b>	
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>DAYTIME PHONE:</b>	<b>EVENING PHONE:</b>	
<b>EMAIL:</b>		
<b>WE ACCEPT</b> all major credit cards:		
Expiration Date:	<b>CVV:</b>	Signature:

**(IF CREDIT CARD HOLDER NAME OR ADDRESS IS DIFFERENT THAN ABOVE, PLEASE LIST BELOW:)**

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. Use of these materials in 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.*