

Registration Form

(Please copy as needed)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

EGH Department: _____

OR

BILLING INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Course Type (ACLS, BTLS, PALS, PEPP or AMLS)

This form is **NOT** for **CPR, EMT or Paramedic classes**.

Please call the numbers below for information on classes.

Course Type: please Circle one

ACLS ITLS PALS PEPP AMLS

Class Date: _____/_____/2010

Please return this form to:

EGH EMS

600 East Blvd.

Elkhart, IN 46514

Or fax to (574) 875-5627

Any Questions please call either (574) 523-3291 or (574) 523-3127

REGISTRATION FORMS MUST BE RETURNED

3 WEEKS PRIOR TO CLASS. LATE REGISTRATIONS WILL NOT BE ACCEPTED.

STUDENTS SHOWING UP TO CLASS WITHOUT BEING REGISTERED WILL BE

TURNED AWAY PLEASE CALL AND CONFIRM THAT YOUR REGISTRATION

FORM WAS RECEIVED.

Reminder:

ALL Classes will be held at the **Health and Education Center** on the

Elkhart General Goshen Campus

2222 Rieth Blvd.

Goshen, IN 46526.

. All material will be sent 2 – 3 weeks prior to course being conducted.