

Registration Form

(Please copy as needed)

Name: _____ EGH Clock #: _____

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) Course Fees are \$100.00 for Full Classes or \$60.00 for Recert Classes this form is not for CPR, EMT or Paramedic classes. Please call the numbers below for information on those classes.

Class Date: _____/_____/2006 or 2007

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.**

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.

THIS FORM IS NOT TO BE USED FOR CPR CLASSES