

**Basic Life Support for Healthcare Providers
Registration Form**

Employee Only (Mornings) _____
*Please report to A200 A&B in the Conference Building of Scott & White
Class will start promptly at 8:00am – completion*

Community Course (Evenings) _____
*Please report to A212 A&B in the Conference Building of Scott & White
Class will start promptly at 5:30 pm – 9:30 pm*

Name: _____ **Date of registration:** _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **E-mail address:** _____

Department: _____ **Ext.** _____

Scott and White employees may check out a manual before the class or purchase one at the time of registration.

Method of payment:

Check Number _____

Cash

Visa

Master Card

Discover

American Express

Credit Card Number: _____ **Exp. Date:** _____

| |
|--|
| _____ Tuition \$51 (Includes Manual) |
| _____ Scott & White Employee \$20 |

Thank you for your payment of \$ _____ **Received by:** _____

Please Note!

Registration Fees are Refundable up to 10 days prior to the course.

**Scott and White Memorial Hospital ~ Clinical Staff Development
2401 South 31st Street ~ Temple, Texas 76508
254-724-2884**

“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 educational 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 materials, do not represent income to the Association.”

Please keep this copy as your receipt.