

2018 AHA Registration Form

Please fill out a registration form for each course you wish to attend. Each course you sign up for requires a \$40 refundable deposit. The \$40 will be refunded at the beginning of each course. Please hand deliver or mail your deposit and registration form to Steve Waldeck. Mailing address is 500 First Avenue Portola, CA 96122. (or send inner office) No cash please.

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Date of course: _____

COURSE:

- BLS Portola Campus 9:00 - 1:00
- BLS Loyalton Campus 9:00 - 1:00
- ACLS **Renewal** Portola Campus 9:00 - 4:00
- PALS **Renewal** Portola Campus 9:00 - 4:00

COURSE MATERIAL:

- | | | |
|----------------------|-----------------------------------|---------------------------------|
| AHA BLS (CPR) Manual | <input type="checkbox"/> Purchase | <input type="checkbox"/> Borrow |
| AHA ACLS Manual | <input type="checkbox"/> Purchase | <input type="checkbox"/> Borrow |
| AHA PALS Manual | <input type="checkbox"/> Purchase | <input type="checkbox"/> Borrow |

Signature: _____