



## REFRESHER REGISTRATION FORM 48 HOURS OF CONTINUING PARAMEDIC EDUCATION

PERSONAL INFORMATION					
Name:				Registration Date	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Company:					
Dietary Restrictions?					
How did you hear about us?	<input type="checkbox"/> Returning Attendee				
COURSE INFORMATION					
Full Course 2/16, 2/17, 2/18, 2/19 2017	<input type="checkbox"/>	\$675	<p><b><u>Written Test Required for AHA Cards</u></b>            \$49 ACLS Manual            \$33 ACLS Handbook            \$18 BLS Manual            \$54 PALS Manual            \$10 Shipping or Free Conference Pick Up</p> <p><b>Conference Location:</b>  <b>Hyatt Place</b>  <b>Portland Airport ~ Cascade Station</b>            9750 NE Cascades Pkwy, Portland, OR 97220            FREE PARKING            Room Reservations: 503.288.2808</p> <p>Discounted block of rooms that include breakfast for \$149/night + tax. Discount available until 1/15/17.</p>		
Full Course Register after 12-15-16	<input type="checkbox"/>	\$725			
Full Course Register after 01-15-17	<input type="checkbox"/>	\$775			
<a href="#">AHA CARDS &amp; BOOKS (Total Cost Here)</a>	<input type="checkbox"/>	\$			
Thu 2/16/17 Airway, Respiratory, O2	<input type="checkbox"/>	\$180/day			
Fri 2/17/17 PALS, Pediatrics, OB <a href="#">Optional PALS Card add \$75</a>	<input type="checkbox"/>	\$180/day			
Sat 2/18/17 Trauma	<input type="checkbox"/>	\$180/day			
Sun 2/19/17 ACLS, BLS, Medical <a href="#">Optional ACLS Card add \$75</a> <a href="#">Optional BLS Card add \$25 Included</a>	<input type="checkbox"/>	\$180/day			
<b>Conference Total</b>		\$			
PAYMENT					
<input type="checkbox"/> - Check Payable to: HEARTLINK Health Services					
Email form and Check #	to <a href="mailto:kristi@heartlinkcpr.com">kristi@heartlinkcpr.com</a>		and Mail Check to: PO Box 1093, Salem, OR 97308		
<input type="checkbox"/> - Credit Card (FAX form for security) Card Number					
		Exp.	Vcode	Zip Code	
Phone Number to call for payment ?s:					
<input type="checkbox"/> - Department PO / Bill my Employer					
		Company Name	Billing Contact		
Mail or Email PO invoice to:					

**Register Today! Space is limited**  
 All fees paid in full for registration discounts  
 No refunds 30 days prior to course  
 \$50 non-refundable registration fee

**Email form to: [kristi@heartlinkcpr.com](mailto:kristi@heartlinkcpr.com)**  
**Call: (503) 269-7996 Fax: (503) 352-0979**  
**Mail: PO Box 1093, Salem, OR 97308**