



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 *TAKE \$25 OFF							
2019 COURSE INFORMATION									
Full Course 2/28, 3/1, 3/2, 3/3		<input type="checkbox"/>		\$700		<p>Online Test Required for AHA Cards* <small>NO BOOKS/MANUAL REQUIRED</small> HeartCode BLS - \$28.50 – 1.75 Hour online course HeartCode ACLS - \$132.00 – 6.5 Hour online course HeartCode PALS - \$132.00 – 7.50 Hour online course</p> <p>*FEES PAID DIRECTLY TO AHA @ www.onlineaha.org</p> <p>Conference Location: Hyatt Place Portland Airport ~ Cascade Station 9750 NE Cascades Pkwy, Portland, OR 97220 FREE PARKING Room Reservations: 503.288.2808 Discounted block of rooms that include breakfast for \$149/night + tax. Discount available until 1/27/19.</p>			
Full Course Register after 12-28-18		<input type="checkbox"/>		\$750					
Full Course Register after 01-27-19		<input type="checkbox"/>		\$795					
Thu 2/28/19 Airway, Respiratory, O2		<input type="checkbox"/>		\$200/day a la carte					
Fri 3/1/19 Trauma		<input type="checkbox"/>		\$200/day a la carte					
Sat 3/2/19 Medical Optional ACLS Card/Testing add \$75 Optional BLS Card/Testing add \$25		<input type="checkbox"/>		\$200/day a la carte					
Sun 3/3/19 Pediatrics, OB Optional PALS Card/Testing add \$75		<input type="checkbox"/>		\$200/day a la carte					
AHA CARDS (Total Cost Here) Bring certificate/screen shot		<input type="checkbox"/>		\$					
- \$25 for returning attendees*		Conference Total		\$					
PAYMENT									
<input type="checkbox"/> - Check Payable to: HEARTLINK Health Services									
Email form and Check #		to kristi@heartlinkcpr.com		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 ?:									
<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
Call: (503) 269-7996 Fax: (503) 352-0979
Mail: PO Box 1093, Salem, OR 97308