

Pediatric Advanced Life Support

offered by
MedicEd.com

Registration Form

By submitting the following information, I authorize MedicEd.com to bill me \$300 (*payment method selected below*) for Pediatric Advanced Life Support Course on _____
enter course date to be registered for

To register, please fill out the following information and mail or fax with payment information to MedicEd.com, Inc. at:

MedicEd.com (413) 781-1173 office
46 Pilgrim Road (877) 781-6055 fax
Springfield, MA 01118 Rich@mediced.com

Attendee Contact Information: (please print legibly)

Last Name: _____ First Name: _____

EMT #: _____ State: _____ Phone Number: (____) ____ - _____

Expiration date on current AHA or ARC BLS CPR Card: _____

E-Mail Address: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different from mailing and REQUIRED if using a PO as payment):

Address: _____

City: _____ State: _____ Zip: _____

Attn: _____

Method of Payment: (Payment is due prior to class. Registration is not complete unless payment method is provided)

Check (payable to MedicEd.com) Cash PO If paying by PO, Issued by: _____

Credit card (fill out following information) PO number: _____

Cardholder name (exactly as it appears on card) _____

Card Type: MC Visa AMEX

Credit Card Number: _____ Exp Date: _____

Security Code: _____ (3 digit on back of card for MC/Visa, 4 digit on front for AMEX)

Credit Cardholder Billing Information:

Address: _____

City: _____ State: _____ Zip: _____

By signing below, I authorize MedicEd.com to charge my credit card in the amount of \$300.

Authorizing Signature: _____ Date: _____

Registration is not guaranteed until receipt of this signed form and payment arrangements are made with MedicEd.com. Attendance for the entire course is required to complete the requirements. By signing this form, I state that I understand and agree to these terms.

Attendee Signature: _____ Date: _____