

# Prehospital Trauma 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 Prehospital Trauma 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)

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 date)

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: \_\_\_\_\_