



# PALS 2008 FULL CLASSES

|   |                   |
|---|-------------------|
| February 9 <sup>th</sup> & 10 <sup>th</sup>   | Saturday & Sunday |
| April 12 <sup>th</sup> & 13 <sup>th</sup>     | Saturday & Sunday |
| June 14 <sup>th</sup> & 15 <sup>th</sup>      | Saturday & Sunday |
| September 13 <sup>th</sup> & 14 <sup>th</sup> | Saturday & Sunday |
| October 11 <sup>th</sup> & 12 <sup>th</sup>   | Saturday & Sunday |
| November 8 <sup>th</sup> & 9 <sup>th</sup>    | Saturday & Sunday |

**All classes are held 8:00 am to 5:00 pm**

**Course Fee:** \$265.00 - covers the cost of required textbook and related materials. Payment must accompany registration form and should be sent at least 2 weeks prior to course date.

*The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.*

**Cancellation Policy:** Refund in full up to 10 days prior to the class, minus the book fee (\$60.00). No refunds will be issued after that time. Tuition may be applied to a future class no later than 3 months from cancellation. Chilton Memorial Hospital reserves the right to cancel any course for which minimum enrollment numbers are not met. A full refund will be issued or optional placement in a future class will be offered should that occur.

**Registration Procedure:** Please list your first and second choice of dates on the form below. Credit card customers please sign form. Incomplete registrations will be returned. Send entire form with course payment made payable to: CMH/CPR Training Center, 97 West Parkway, Pompton Plains, NJ 07444-1696. Any questions please call (973) 831-5172 during normal business hours. Fax: (973) 831-5459

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on CC: \_\_\_\_\_ Signature: \_\_\_\_\_

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_