

**NOTICE: Please read this carefully.
OUR POLICIES HAVE CHANGED!
NON-UIHC ACLS PROVIDER**

Thank you for your interest in the Advanced Cardiac Life Support (ACLS) Provider courses conducted by the EMSLRC. In an effort to better fulfill our mission to UIHC, we have revised our course participant eligibility policies. Please read carefully and determine your status prior to registering for a course.

NON-UIHC Healthcare Providers - Fee \$225

This includes any non-UIHC employee. A \$225 fee will be required with completed registration. Participant will retain course materials. Nursing continuing education credit is included.

Registration

The enclosed registration form needs to be completed legibly, signed, and returned to the EMSLRC as soon as possible as course size is limited.

WE ARE UNABLE TO ACCEPT PHONE REGISTRATIONS.

A \$225 fee ensures your enrollment in the course.
Course materials and CEUs are included.

CANCELLATION POLICY

**THE EMSLRC WILL RETAIN YOUR FEE IF YOU DO NOT ATTEND OR
FAIL TO NOTIFY US OF YOUR CANCELLATION 14 DAYS IN
ADVANCE OF THE COURSE.**

Materials for the course may be obtained from the EMSLRC approximately 4 weeks prior to the course. Participants will receive e-mail notification when course materials are ready to be picked up. Course materials must be picked up in the EMSLRC at least 14 days prior to start of the course or you will forfeit your enrollment and fee.

Emergency Medical Services Learning Resources Center

200 Hawkins Drive, S 608-1 GH Iowa City, IA 52242-1009

319-356-2597

Advanced Cardiac Life Support-NON-UIHC Provider

NON-UIHC Registration Information-COMplete & RETURN THIS ENTIRE PAGE

A **\$225 fee** ensures your enrollment in the course. Course materials and CEUs are included. **THE EMSLRC WILL RETAIN YOUR FEE IF YOU DO NOT ATTEND OR FAIL TO NOTIFY US OF YOUR CANCELLATION 14 DAYS IN ADVANCE OF THE COURSE.**

PLEASE SEPARATE PAYMENTS FOR MULTIPLE COURSE REGISTRATIONS!

Please select one of the following courses:

- February 4,6,11, 2008 Evening course held 5:45pm to 10pm each night.
- May 5, 6, 2008 Daytime course held 7:45am to 4pm – Day 1; 7:45 to Noon - Day 2.

Please Print

COMPLETE THIS FORM (**DO NOT DETACH**) RETURN THE ENTIRE PAGE

Please Print

Incomplete Forms will not be accepted and will be returned

SEND TO: *Samantha Murphy, EMSLRC, S 608-1 GH*

NON-UIHC Healthcare Providers
FEE \$225

NAME: _____

UIHC DEPARTMENT: _____ CAMPUS ADDRESS: _____

HOME ADDRESS: _____

CITY / STATE / ZIP : _____

PHONE (WORK/PAGER): _____ E-MAIL _____

Method of payment

- Check or money order enclosed
- Credit card (Visa or MasterCard only)

Credit card no: _____

Expiration date: _____

Three digit code on back: _____

Cardholder's name: _____

Signature: _____

➤ *I have read and agree to the above outlined conditions concerning failure to attend and cancellation policies.*

SIGNATURE _____ 1.4.07

OFFICE USE ONLY: Deposit/Fee received Materials Packet Sent