

EMS Class Registration Form

Name: _____ Registration Date: _____

Address: _____

City: _____ State, Zip: _____

E-mail: _____

Phone: () _____

Class Location: _____

Class Date: _____

Payment Information

Method of Payment: (check one)

Check/Money Order

Payable to Avera McKenna School of EMS

Credit Card Amount to be charged \$ _____

Visa

MasterCard

16 digit account # _____

Expiration date: _____ 3-digit verification code: _____

Card holder name: _____

Authorized signature: _____

Registration Fees

Must be included with registration

(Please check)

CPR Healthcare Provider - \$35

ACLS

Initial Class - \$150

Refresher Class - \$75

BTLS/PHTLS

Initial Class - \$150

Refresher Class - \$75

PALS

Initial Class - \$150

Refresher Class - \$75

AMLS

Initial Class - \$150

Refresher Class - \$75

NRP

Initial Class - \$100

Refresher Class - \$50

Cancellation Policy:

Cancellations received prior to the first class will receive a full refund minus a \$25 processing fee. Cancellations after the first class session will result in forfeiture of the entire registration fee. All cancellations must be made in writing. Send cancellation notification to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117

Or
ems@mckennan.org

Registrations will not be accepted without payment.

Mail registration to:

Avera McKenna School of EMS
800 E 21st Street
Sioux Falls, SD 57117