

ACLS REGISTRATION FORM

(Advanced Cardiac Life Support)

Course Date Requested:

First Name:

Last Name:

Mailing Address (including Postal Code):

Telephone (Home or Cell):

Telephone (Work):

Email Address:

Professional Status: Resident

(Physician, Dentist, Fellow, Resident, RN, Paramedic, Med. Student, Other (please specify))

- * This is a definite registration for the above course. Your payment is due one month prior to the course date, or as soon as possible.
- * The ACLS Provider Manual will be mailed via First Class Mail when the Registration Form and payment have been received at the ACLS Office.
- * Please return this Registration Form to our office by email, fax or regular mail.
- * If your payment is by cheque (in Canadian funds), please make it out to "Sunnybrook Hospital" and mail it to our office at:

Sunnybrook Health Sciences Centre
ACLS Program Office, Room H-265
2075 Bayview Avenue
Toronto, ON
M4N 3M5

*If you have further questions, please contact **Terry G. Smith**, Program Manager, at the ACLS Office by email: terryg.smith@sunnybrook.ca Telephone: 416-480-4943 or FAX: 416-480-5325*



CANCELLATION POLICY

1. If you cancel your booking 2 weeks or more in advance of the course date, you will receive a full refund
2. If you cancel your booking 1-2 weeks in advance of the course date, you will receive a refund of half the fees paid
3. If you cancel your booking 1 week or less in advance of the course date, NO Refund will be given.
4. Course dates are subject to change or cancellation
5. All Cancellations are subject to a \$50.00 Administration Fee.

Sunnybrook Health Sciences Centre is Fully Affiliated with the

PAYMENT BY CREDIT CARD

*** If paying fees by VISA or MASTERCARD, please include the following information:

	
VISA Credit Card #:	MASTERCARD #:
Expiry Date (mm/yr):	Expiry Date (mm/yr):
Verification Code (3 digits):	Verification Code (3 digits):
Cardholder's Name (as printed on card):	Cardholder's Name (as printed on card):
Amount being charged: \$	Amount being charged: \$

Please be assured that your credit card information will be used in strict confidence