



REGISTRATION FORM

Please Detach and Return to the Address Below:

To register for one of the EMT courses listed below please "X" off the box next to the course that you are registering for & complete the information requested at the bottom of this form. Then mail this completed pre-registration form and a **\$145.00 non-refundable registration fee** (payable to Emergency Care Programs by **check or money order only**) to:

Emergency Care Programs
872 East 29th Street
Brooklyn, NY 11210

<input type="checkbox"/>	# 4205	Homecrest- Location, Brooklyn, NY 1219 Avenue T	Start Date: 02/23/12 End Date: 05/17/12	Tuesday, Thursday 9:00am – 4:30pm
<input type="checkbox"/>	# 4206	Homecrest- Location, Brooklyn, NY 1219 Avenue T	Start Date: 03/12/12 End Date: 06/21/12	Monday, Wednesday 9:00am – 4:30pm
<input type="checkbox"/>	# 4207	WB- Location, Brooklyn, NY 50 Sheffield Avenue	Start Date: 03/12/12 End Date: 06/21/12	Monday, Wednesday 6:00pm – 10:00pm & 4 Sundays 12:00pm – 8:30pm
<input type="checkbox"/>	# 4208	Bronx-Location, Bronx, NY 1010 Underhill Avenue	Start Date: 04/01/12 End Date: 08/16/12	Sunday 9:00am – 5:30pm
<input type="checkbox"/>	# 4209	WB- Location, Brooklyn, NY 50 Sheffield Avenue	Start Date: 04/03/12 End Date: 08/16/12	Tuesday, Thursday 6:00pm – 10:00pm
<input type="checkbox"/>	# 4210	Homecrest- Location, Brooklyn, NY 1219 Avenue T	Start Date: 05/21/12 End Date: 08/16/12	Monday, Tuesday & Wednesday 6:00pm – 10:00pm
<input type="checkbox"/>	# 4211	Homecrest- Location, Brooklyn, NY 1219 Avenue T	Start Date: 05/22/12 End Date: 08/16/12	Tuesday, Thursday 9:00am – 4:30pm
<input type="checkbox"/>	# 4212	New York- Location, New York 711 West 179 th Street	Start Date: 05/24/12 End Date: 08/16/12	Monday, Wednesday & Thursday 6:00pm – 10:00pm

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: Day (_____) **Evening** (_____)

For Office Use Only:

Date Received:		Amount:	
Form of Payment:	<input type="checkbox"/> CASH <input type="checkbox"/> CK# _____ <input type="checkbox"/> MO# _____		