



## REGISTRATION FORM

← Tear Here

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 29<sup>th</sup> Street**  
**Brooklyn, NY 11210**

<input type="checkbox"/>	<b>#CAVA</b>	ECP Columbia University W. 116 <sup>th</sup> St. & Broadway <b>New York, NY</b>	Start Date: 03/03/10 End Date: 05/20/10	Monday, Wednesday 6:00pm – 10:00pm & Sundays 9:00am – 5:30pm
<input type="checkbox"/>	<b>#4007</b>	WB Location, <b>Brooklyn, NY</b> 50 Sheffield Avenue	Start Date: 03/01/10 End Date: 06/17/10	Monday, Wednesday 6:00pm – 10:00pm & 3 Sundays 10:30am – 7:30pm
<input type="checkbox"/>	<b>#4008</b>	Homecrest- Location, <b>Brooklyn, NY</b> 1219 Avenue T	Start Date: 03/17/10 End Date: 06/17/10	Monday, Wednesday 9:00am – 4:30pm
<input type="checkbox"/>	<b>#4009</b>	Bronx Center- Location, <b>Bronx, NY</b> 1010 Underhill Avenue	Start Date: 03/21/10 End Date: 08/19/10	Sunday 9:00am – 5:30pm
<input type="checkbox"/>	<b>#4010</b>	WB Location, <b>Brooklyn, NY</b> 50 Sheffield Avenue	Start Date: 04/08/10 End Date: 08/19/10	Tuesday, Thursday 6:00pm – 10:00pm
<input type="checkbox"/>	<b>#4011</b>	Homecrest- Location, <b>Brooklyn, NY</b> 1219 Avenue T	Start Date: 05/24/10 End Date: 08/19/10	Monday, Tuesday Wednesday 6:00pm – 10:00pm
<input type="checkbox"/>	<b>#4012</b>	ECP Columbia University W. 116 <sup>th</sup> St. & Broadway <b>New York, NY</b>	Start Date: 05/26/10 End Date: 08/19/10	Monday, Wednesday Thursday 6:00pm – 10:00pm
<input type="checkbox"/>	<b>#4013</b>	Homecrest- Location, <b>Brooklyn, NY</b> 1219 Avenue T	Start Date: 05/27/10 End Date: 08/19/10	Tuesday & Thursday 9:00am – 4:30pm

**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# _____		