



EMT Refresher **REGISTRATION FORM**

To register for one of the EMT Refresher courses listed below, please mark the box next to the course that you are registering for and complete the information at the bottom of this form. Mail this completed registration form and the **\$195.00 non-refundable registration fee** (payable to Emergency Care Programs by **check** or **money order only**) to:

ADDRESS:

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

<input type="checkbox"/>	R5502*	ECP – Bklyn Location 6715 Bay Parkway	Start Date: 04/14/15 End Date: 07/16/15	Tuesday, Thursday & 4 Mondays 6:00pm – 10:00pm
<input type="checkbox"/>	R5503*	ECP – Bklyn Location 6715 Bay Parkway	Start Date: 09/01/15 End Date: 12/17/15	Tuesday, Thursday 6:00pm – 10:00pm

*Pending NYS DOH approval

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (____) _____ Evening: (____) _____

Other: (____) _____ E-mail: _____

EMT #: _____

For Office Use Only:

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