



REGISTRATION FORM

Please Return to the Address Below:

To register for the EMT Refresher course listed below please complete the information requested at the bottom of this form. Mail this completed pre-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"/>	R5201	ECP-HC Location, Brooklyn, NY 1219 Avenue T	Start Date: 01/17/12 End Date: 03/15/12	Tuesday, Thursday 7:00pm – 10:00pm & 5 Sundays 7:00pm – 10:00pm
<input type="checkbox"/>	R5202	ECP-HC Location, Brooklyn, NY 1219 Avenue T	Start Date: 03/20/12 End Date: 06/21/12	Tuesday, Thursday 7:00pm – 10:00pm & 3 Sundays 7:00pm – 10:00pm

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# _____		