

Emergency Medical Technician Training Course Listing
WINTER 2010
 Phone (718) 333-CARE (2273)
www.EMERGENCYCARENY.COM



Emergency Care Programs

REGISTRATION FORM

← Tear Here

Please Detach and Return in Enclosed Envelope

To register for the EMT Refresher course listed below please complete the information requested at the bottom of this form. Then mail this completed pre-registration form and a **\$100.00 non-refundable registration fee** (payable to Emergency Care Programs by **check** or **money order only**) to:

NEW ADDRESS:

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

<input type="checkbox"/>	R5001	ECP-HC Location, Brooklyn, NY 1219 Avenue T	Start Date: 01/29/10 End Date: 05/20/10	Fridays 9:00AM – 3:30PM
--------------------------	--------------	---	--	----------------------------

*Pending DOH App.

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# _____		