



Regional Emergency Medical Organization

www.remo-ems.com
Phone (518) 464-5097
Fax (518) 464-5099

**ACLS/PALS Registration form
AHA/PALS Provider**

___ **ACLS Challenge on Monday 10am (\$50.00) Month** _____

___ **PALS Challenge on Tuesday 10 am (\$50.00) Month** _____

Name: _____
(Please print)

Address: _____
(street)

(city) (state) (zip)

Daytime Phone Number (____) _____

Do You Have Any Special Needs ___Y ___N Specify _____

If recertification you must provide a copy of your current American Heart association card
Expiration date _____

WE DO NOT ACCEPT CREDIT CARDS
(If paying by check, you will not receive your card until your check clears)

OFFICIAL USE ONLY

Date _____

___ **Cash** ___ **Check #** _____

Card to be given at class ___Y ___N **Registered by** _____