

ACLS ♦ 2011



Monday September 19 ♦ 8:00 am – 5:00 pm

Wednesday September 21 ♦ 8:00 am – 5:00 pm

Loyola University Medical Center ♦ EMS Classroom
8 Hours CE Credit

\$100 in system \$125 out of system

Registration Deadline: Friday September 2, 2011

Name:		
Address:		
City:	State:	Zip:
Phone / Cell:	E-mail Address:	
System Employer:		
Level of Licensure	<input type="checkbox"/> RN	<input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Paramedic

Please submit this registration form with payment. Cash, credit card, department or cashier's check, or money order made payable to "Loyola EMS" are accepted. (We cannot accept personal checks.) Fax: 708.327.2548

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
CC #
Expiration
V-code

Loyola EMS Office – ACLS Registration
Loyola University Medical Center
Building 110 – LL
2160 South First Avenue
Maywood, IL 60153

For further information please contact Lauri Beechler at 708.327.3547 – lbeechler@lumc.edu

LEMSS office use only

Date payment received _____