

ACLS



Loyola University Medical Center ♦ EMS Classroom 8 Hours CE Credit

Wednesday, March 24, 2010 ♦ 8:00 am – 5:00 pm

\$100 in system \$125 out of system

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 fax **708.327.2548** this registration form with the following credit card information, or mail with a cashier's check or money order (no personal checks) made payable to "**Loyola EMS**"

<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 _____