

ITLS



March 16-17, 2010
8:00 am – 5:00 pm

Loyola University Medical Center ♦ EMS Classroom
16 Hours CE Credit

\$125 in system \$150 out of system Deadline **March 1, 2010**

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

***** Participants must attend both days to receive certification *****

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

For further information please contact **Steve Ausmann** at **708.327.2531** – sausmann@lumc.edu

LEMSS office use only

Date payment received _____