

**ACLS REGISTRATION / PAYMENT INFORMATION REQUEST**

TO: ACLS (*Advanced Cardiac Life Support*) Course Participant  
 FROM: Mona Gonzales, ACLS Coordinator, 4-7552  
 RE: Registration form for an ACLS Course (dates listed below)

Please send this form via campus mail to Mona Gonzales, MAILCODE: CDW-EM. Please do not fax, as we must receive the original sheet with original signatures of the participant and fiscal authority. If this sheet, including complete account string, is not received at least 5 business days prior to a class date, you will not be considered registered and will have to reschedule for another class date.

*You can contact Mona Gonzales with any additional questions or comments.*

**PARTICIPANT INFORMATION NEEDED – PLEASE PRINT**

Name:

Department:

Mail code:

Email:

Mailing Address:

**2 day Provider Course**

July 24 & 25, 2008

**1 day Renewal Course**

April 11, 2008

July 25, 2008

September 12, 2008

**Note:** If your department does not pick up this fee for you, we must receive a personal check or credit card information prior to course date. Credit card registration can be done on our website: [www.ohsu.edu/emergency/acls](http://www.ohsu.edu/emergency/acls)

**Department Fiscal Authority**

Name:

Phone:

Mail code:

Signature:

**FUND MUST BE A UNIVERSITY ACCOUNT, NOT UMG**

Do you want a copy of the JE:  yes  no

Fund	Org	Mission	Object Code	Program	Provider	Location