## Participant Information

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Credential:** |  |
| **Hospital and Department:** |  |
| **E-mail Address (required):** |  |

## Registration Information

Please select the appropriate course and indicate course date:

|  |  |  |
| --- | --- | --- |
| **Course (book materials not included)** | **Fee:** | **Course Date:** |
| * PALS Provider class | $250 |  |
| * PALS Renewal class\* | $150 |  |
| * PEARS class | $150 |  |
| * ACLS Renewal class**\*** | $152 |  |
| * PALS HeartCode (online) class | $210 |  |
| * ACLS HeartCode (online) class | $210 |  |
| * BLS HeartCode (online) class | $46 |  |

## **\* Please submit copy of current card**

|  |  |
| --- | --- |
| * BLS HeartCode Add-on (available for all courses) | $46 |

## Payment Information

* **Card payment:** Visa/MasterCard accepted. Details provided during registration confirmation.
* **Check payment:** Please make checks payable to **OHSU CARE.**

Please send payment to:

**OHSU CARE**

**Collaborative Life Sciences Building**

**Mailcode: CL4C**

**2730 SW Moody Ave.**

**Portland, OR 97201**