

Registration Form

OHSU Center for the Advancement of Resuscitation Education (CARE)

Participant Information

| | |
|---------------------------------|--|
| Full Name: | |
| Credentials / Role: | |
| Organization & Dept. | |
| E-mail Address: | |

Course Information

Please select the appropriate course and indicate course date:

| Course | Fee: | Course Date: |
|--|-------------|---------------------|
| <input type="checkbox"/> PALS Provider | \$265 | |
| <input type="checkbox"/> PALS Update (renewal) * | \$175 | |
| <input type="checkbox"/> ACLS Update (renewal) * | \$175 | |
| <input type="checkbox"/> PALS HeartCode (online + skills test) | \$235 | |
| <input type="checkbox"/> ACLS HeartCode (online + skills test) | \$235 | |
| <input type="checkbox"/> BLS HeartCode (online + skills test) | \$50 | |

*** Please submit copy of current card**

| | |
|--|------|
| <input type="checkbox"/> BLS HeartCode Add-on (available for all courses) | \$50 |
|--|------|

Payment Information

- Card payment:** Visa/MasterCard accepted. Details provided during registration confirmation.
- Check payment:** Please send payment to:

OHSU CARE
Collaborative Life Sciences Building
Mailcode: CL4C
2730 SW Moody Ave.
Portland, OR 97201

Please contact us by email, care@ohsu.edu, or phone, (503) 346-4425 with any questions.
Thank you.

