



**AEC**

**PO Box 490**

**Damascus, MD 20872**

**<http://www.aecare911.org>**

**Email: [aecare911@aol.com](mailto:aecare911@aol.com)**

**Office: (301) 703-8187**

**Fax: (301) 703-8263**

## **AHA Class Registration Form**

**Name (Last, First MI):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Number: (Day)** \_\_\_\_\_ **(Evening)** \_\_\_\_\_

**Class and Location registering for:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**\*\*\*Note: If you are registering for an ACLS or PALS re-certification please attach a copy of your current card with this registration form.**

**If paying by check or money order mail this form with your payment to the address at the top of this form.**

**A \$25.00 fee will be assessed for all cancelations. Those canceling on the same day of the class (or absent without notifying AEC Admin) will forfeit their entire course fee.**

**Make checks payable to "Associates in Emergency Care". Please remember to sign your check.**