



2020 ACLS Renewal Registration Form

Community



Course Information: Attach a copy of your current AHA ACLS card. Please indicated your first and second choices.

1 st choice		2 nd choice			
Thurs, Jan 2	Fri, Mar 13	Tues, May 5	Wed, July 8	Thurs, Sept 17	Fri, Nov 20
Tues, Jan 7	Tues, Mar 17	Wed, May 13	Thurs, July 16	Fri, Sept 25	Tues, Nov 24
Wed, Jan 15	Thurs, Mar 19	Mon, May 18	Fri, July 24	Wed, Sept 30	Mon, Nov 30
Thurs, Jan 23	Thurs, Mar 26	Thurs, May 21	Fri, July 31	Thurs, Oct 1	Tues, Dec 1
Fri, Jan 31	Tues, Mar 31	Fri, May 29	Mon, Aug 3	Tues, Oct 6	Tues, Dec 8
Mon, Feb 3	Wed, Apr 1	Mon, June 1	Tues, Aug 11	Mon, Oct 12	Fri, Dec 18
Tues, Feb 11	Tues, Apr 7	Tues, June 9	Wed, Aug 19	Mon, Oct 19	Tues, Dec 22
Wed, Feb 19	Wed, Apr 15	Wed, June 17	Thurs, Aug 27	Tues, Oct 27	Wed, Dec 30
Tues, Feb 25	Thurs, Apr 23	Tues, June 23	Mon, Aug 31	Fri, Oct 30	
Fri, Feb 28	Tues, Apr 28	Fri, June 26	Tues, Sept 1	Mon, Nov 2	
Mon, Mar 2	Thurs, Apr 30	Tues, June 30	Wed, Sept 9	Tues, Nov 10	
Tues, Mar 10	Fri, May 1	Wed, July 1	Fri, Sept 11	Wed, Nov 18	

Course Hours: 9 a.m. to 5 p.m. **Location:** Health Educators, Inc., 2201 East Parham Rd Suite A, Henrico, VA 23228

Participant Information: All information must be filled out completely and legibly.

First Name _____ MI _____ Last Name _____

MD PA NP RN RT LPN Medic Other: _____

Job Title (choose one) _____

Company _____

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Home Phone _____ Cell Phone _____ Work Phone _____

Home Street Address _____

City _____ State _____ Zip _____

Email _____

Payment: (Prepayment is required)

Course Fee: \$150

Check: Make check payable to: Health Educators, Inc.
(Checks are only accepted 2 weeks prior to the requested date of class)

Charge: VISA Mastercard AMEX Expiration Date: /

Security code:

Signature: _____

Cancellation: If you fail to show or notify us of a change for a registered session, you will forfeit the full participation fee.

Confirmation will be emailed to you within 48 hours - if you do NOT receive a confirmation please call our office

Phone: (804) 553-0460 • Fax: (804) 553-0463 • Email: info@healtheducatorsinc.com • Website: www.healtheducatorsinc.com

For office use only:

Current Card _____ BK _____ DB _____ EM _____ HEI ID _____