

Student Registration Have you taken a class with us before? Yes / No Account # : (if known): _____

FIRST NAME _____ **LAST NAME** (Print legibly & exactly how you want your name to appear on your credential (max.: 32 characters)) _____

Street address (home) - Card will be mailed to this address via USPS (we are not responsible for non-delivery; \$25 re-issue fee for non-delivered cards).

City _____ **State** _____ **Zip code** _____

Home Phone Number _____ **Cell phone Number** _____ **Fax number** _____

Personal Email Address: (required) for registration confirmation, receipts, any applicable contact hours, expiration reminders, etc).

Registration Instructions:

- **FAX copies of any applicable unexpired cards** to: (732) 301-2864 (no cover sheet necessary)
- All students **must** bring their own textbook to the course. Cards **WILL NOT** be issued without the current textbook.
- Check Junk/Spam email for registration confirmation.

Useful information

- Allow up to **20 days** for course completion cards to be mailed.
- A \$40 cancellation fee will apply. No Show = No Refund.
- See website for full refund/cancel/transfer/failure policy

Address: CardiacEd/ECC, Inc.
450 Amwell Road Suites: O & P (2nd Floor)
Hillsborough, NJ 08844

Phone: (732) 579-8690 **Web:** www.CardiacEd.com

Do not use School/Work Email address.

Profession: _____ **Referral?:** Must register together to receive credits (if available). **No** exceptions.

Employer Name/s: _____ **Department Name/s:** _____

How did you hear of us? _____ **Mailing Ref (if any):** _____

Payment information: [] Bill to Company (complete billing below) **Grand Total Charges:** \$ _____.

Method: Cash _____ Check # _____ Credit Card (Visa / MasterCard / Discover) (**NO** Amex)
(Payable to "CardiacEd") Transactions on your statement will show as "CardiacEd"

Credit Card number: _____

Card Expiration Date: MM YY _____ **CVV2 Code:** _____
(3 digit code on back of card)

New Graduates ONLY: Optional Tuition Payment Plan 50% due upon registration \$ _____ (credit card must be entered above). Card above will be charged the balance 2 business days before each course. Declined/Returned payments will result in deregistration and placed on waiting list.

Credit Card Billing Information: Check if billing information is the same as above []

Name on Credit Card: _____

Company Name (if any): _____

Billing Address _____

City: _____ **State** _____ **Zip:** _____ **P.O. #:** _____
P.O. (Purchase Order) # is required for "Bill to Company"

Signature: _____ **No refund for no show. Cancel fees apply.**

Office use only: _____ Notes _____

Entered: _____ Exp. Date (month / year): **BCLS** ___ / ___ **ACLS** ___ / ___ **PALS** ___ / ___

A/C #: _____ State/TC Issued: _____

Text Issued: _____ By: _____ Method: _____ Instructor: _____

Verified by: _____

Course Name (write in Course ID)	Tuition + Textbook	Course ID	Total
AHA (ACLS) Advanced Cardiovascular Life Support Initial/Expired \$248 / Update/Renewal \$165 + Text \$33.50			
AHA (PALS) Pediatric Advanced Life Support Initial/Expired \$248 / Update/Renewal \$165 + Text \$38.50			
AHA BLS (Healthcare Provider Basic Life Support) Initial/Expired: \$78 Update/Renewal: \$70 + Text \$12.00			
IV Therapy Course \$230 (no textbook required)			
AHA EKG & Emergency Pharmacology Course \$79*			
AHA = American Heart Association			
Textbook Shipping TOTALS:	\$8.95		

Note: Referrals MUST be received together—no exceptions. Rates subject to change. Contact for details. Cancellation and transfer fees \$40 per course/per transfer. Referral credits cannot be used towards textbooks or seminars. Call to assign scholarship funds. Discounts for large groups. * Discounted (usually \$100)/includes book.