



# Health and Safety Training- Registration Form

***We Care for You!***  
**Professional Training by Professional Paramedics - Industry Leaders!**

Please complete all areas of this form and please print clearly. Your registration is not accepted till payment has been received by our office. In the case of 3rd party billing, please enclose a purchase order or verification letter, authorizing the charge on behalf of the named student. You will receive confirmation of acceptance to the course giving all course details. Failure to complete the required information or attach supporting documents may result in your application being rejected.

NAME	PO # - attach copy
MAILING ADDRESS	Name/Tel # of person authorizing payment
CITY or TOWN and POSTAL CODE	VISA or MASTERCARD Number
TELEPHONE (home and work)	Name on card
FAX	Expiry date
E-MAIL	Authorization Code on Card
PROFESSIONAL STATUS (ie EMT, RN)	Amount enclosed or to be billed/charged
EMPLOYER (not applicable for first aid programs)	

Program Name	Dates of Program
<i>ITLS (aka BTLS) Basic Provider Course</i>	Sunday, Nov 25 1830-2130      Cost \$400.00 Monday, Nov 26 0800-2000 <b>Manual NOT provided see below!</b>
<i>ITLS (aka BTLS) Provider RENEWAL course</i>	<i>Monday, Nov 26 0800-1700      Cost \$175.00</i> <i>Providers must have a 6th edition text and come prepared having reviewed the materials.</i>

Please circle which program you are applying for.

**Both courses to be held at Parkland Ambulance—555-13th Street East, Prince Albert**

Upon registration participants will be sent a pretest. Ensure accuracy of fax or email please. You must purchase a BTLS for Advanced Providers 6<sup>th</sup> edition. This can be done by calling the SIAST Bookstore at Wascana Campus 1-800-667-7730

Please allow sufficient time to receive your text. Precourse study is essential and highly recommended.

*Please note our cancellation policy A cancellation fee of \$100.00 will be charged for all registrations 7 days in advance of the course. Those person who do not show or cancel less than 7 days prior to the course start will forfeit their full registration. Substitutions are permitted.*

**Make all cheques payable to: PARKLAND EMERGENCY MEDICAL SERVICES**

Please mail or fax your completed registration form to:  
**Parkland Ambulance Care Ltd.**  
**225-24th Street West**  
**Prince Albert, SK S6V 4M8**  
**(306) 953-8358 or Fax (306) 763-1187**  
**www.parklandambulance.com**  
**E-mail: lyle@parklandambulance.com**

