



ASSOCIATES IN EMERGENCY CARE

AEC

PO Box 490

Damascus, MD 20872

<http://www.aecare911.org>

Email: aecare911@aol.com

Office: (301) 865-8880

Fax: (301) 865-8881

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.