Name _____ Title/Discipline _____

Address _____ City _____ State _____ Zip _____

Employer _____ Dept. _____

Employer Address _____ City _____ State _____ Zip _____

Phone # (Work) _____ (Home) _____ *Participant's E-mail
(REQUIRED) _____
*Necessary for pre-test materials and e-card.

Fee Enclosed $ _____ ☐ Check Enclosed (Make Payable to: University of Pittsburgh at Johnstown)

☐ Master Card   ☐ American Express   ☐ Visa   ☐ Discover

Card Number _____ Expiration Date _____

Signature _____

PLACE A CHECK (✓) IN THE DESIRED BOX

ACLS Update Course 8:00 AM—4:00 PM	Registration Fee: $65
	October 1, 2019
	March 10, 2020
	April 1, 2020

PALS Update Course 8:00 AM—4:00 PM	Registration Fee: $65
	September 19, 2019
	October 15, 2019
	March 24, 2020
	April 14, 2020

ACLS Full Course 8:00 AM—4:00 PM	Registration Fee: $150
	November 6 & 7, 2019
	January 9 & 10, 2020 (Students)
	May 5 & 6, 2020

PALS Full Course 8:00 AM—4:00 PM	Registration Fee: $150
	November 20 & 21, 2019
	May 12 & 13, 2020

Return Form and Payment to:
Joni Hoffman
Living/Learning Center
University of Pittsburgh at Johnstown
450 Schoolhouse Road
Johnstown, PA 15904

phone: (814) 269-1994 fax: (814) 269-1900
www.upj.pitt.edu/cme

Cancellations are subject to a 30% administrative fee.
There will be no refunds for cancellations made 7 days or less from course date.

The following Section for Office Use Only:				
Cards	**BLS (CPR)**	**ACLS**	**PALS**	**Pre-test & Letter Sent**
Card Copies Attached				Date _____