

MGH ACLS REGISTRATION FORM

COURSE DATE YOU WANT TO ATTEND: _____

NAME: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

Department Fund number for payment _____

ACLS (MGB employee \$290) _____

ACLS (non MGB employee \$310) _____

BLS (CPR) \$100. _____

Email registration to acls@partners.org

or

Mail registration in to: MGH ACLS Mail Zone 80
55 Fruit street
Boston, MA 02114