

MGH ACLS REGISTRATION FORM COURSE DATE YOU WANT TO ATTEND:

\_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Department Fund number for payment \_\_\_\_\_

ACLS (MGB employee \$300) \_\_\_\_\_

ACLS (non MGB employee \$315) \_\_\_\_\_

PALS (MGB employee \$300) \_\_\_\_\_

PALS (non MGB employee \$315) \_\_\_\_\_

BLS (CPR) \$105. \_\_\_\_\_

Email registration to [acls@partners.org](mailto:acls@partners.org)

or Mail registration in to:

MGH ACLS Mail Zone 80

55 Fruit street

Boston, MA 02114