



Clifton Park & Halfmoon Emergency Corps Inc.

P.O. Box 1469 • CLIFTON PARK, N.Y. 12065 • (518) 371-3880 • Fax: (518) 371-7623



COURSE REGISTRATION FORM

Name: _____
(PLEASE PRINT CLEARLY)

Address: _____
(STREET, APARTMENT #, and/or PO Box)

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____
(PLEASE print clearly)

- You will receive registration confirmation, course updates and certification renewal reminders via e-mail from CPHM-Training@nycap.rr.com. Please check your junk mail and/or unblock this address for full function.

- Your e-mail address will not be used for solicitations, sold/passed to any third party or be visible to other students.

Primary Phone # () _____ - _____ check one → Cell Home Work

Secondary Phone # () _____ - _____ check one → Cell Home Work

----- **Check course desired to attend** -----

Check one this column:

- CPR for the Health Care Provider
- Heartsaver CPR/AED
- Advanced Cardiac Life Support (ACLS)
- Pediatric Life Support (PALS)

Check one this column:

- Original - \$65 Recertification - \$55
- Original - \$55 Recertification - \$45
- Original - \$140 Recertification - \$90
- Original - \$140 Recertification - \$90

Requested Course Date: ____ / ____ / ____

Recertification REQUIRES proof of current AHA card!

Please contact us at CPHM-Training@nycap.rr.com or (518) 371-3880 with any questions.

THANK YOU FOR REGISTERING

Clifton Park & Halfmoon Emergency Corps AHA Training Center is a NOT FOR PROFIT organization dedicated to providing quality training at the best available cost. Your course fees are used to provide First Aid & CPR education programs to the public, which will in turn make your community a safer place to live.