

Registration Form - ACLS (Advanced Cardiac Life Support)

Allan Waters Family Simulation Centre
 209 Victoria Street, Lower Level (B1 – LKSKI East)

REGISTRATION FORM		
First Name:		Last Name:
Professional Designation:		Actively Practicing Clinically: Yes <input type="radio"/> No <input type="radio"/>
Department/Institution:		
Email:		Telephone:
Heart and Stroke ID # (if known):		Previous Certification Expiry Date:
REGISTRATION FEES		
	Full Certification Course (2 days: 0800-1500)	Recertification Course (1 day: 0800-1500)
MD (Medical Student, Resident, Fellow, Staff MD)	\$495.00	\$440.00
Non-MD (RN, Health Disciplines etc.)	\$395.00	\$320.00
I am registering for the full certification course on: <input style="width: 200px;" type="text"/>		
I am registering for the recertification course on: <input style="width: 200px;" type="text"/>		
Method of Payment: <input type="radio"/> Cheque* <input type="radio"/> Cash <input type="radio"/> Departmental Internal Transfer (Manager Approved)**		
Please forward payments to: Allan Waters Family Simulation Centre 209 Victoria Street, Suite 575 Toronto, ON M5B 1T8		
Payments can be made in person – please contact ACLS@unityhealth.to to arrange. Spaces are limited and registration is confirmed once payment has been received.		
* Payable to the Allan Waters Family Simulation Centre **Cost Centre transfers must be communicated to the Allan Waters Family Simulation Centre and a completed registration form provided		
Cancellations received: <ul style="list-style-type: none"> More than 14 days prior to the program will be fully refunded Less than 14 days prior to the program will be refunded 50% Less than 7 days prior to program will not be refunded 		
Course dates and times are subject to change or cancellation		