

Mobile Health Service -- MHS Education Course Application MHS Education Division, 1 RWJ Place, Box 2601, New Brunswick, NJ 08903-2601
Office 732-937-8686 | Fax 732-418-8199 | www.rwjuh-mhs.org

Geriatric Education for EMS (GEMS)—Advanced 2014

2014	
<u>Course Date(s)</u> : [] May 8-9, 2014 [] November 3-4, 2014	
Text Options: [] Purchase from RWJUH (\$79.95) [] I po	ossess or will obtain by other means.
Required attachments: [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education Waiver Application [] Payment, credit card info, or EMS Education [] Payment, credit ca	oplication
Registration acknowledgement by: [] E-mail or [] Teleph	none
Course Materials Delivery: [] Pick-up M-F 8:30 a.m5:00 p.m. at RWJUH MHS Educ Brunswick (Recommended if registering within 2 weeks of [] U.S. mail to registration address. (This may take 10 da [] Interoffice/intercampus to RWJUH or UMDNJ unit/depart	of course.) ays to 2 weeks.)
<u>Cancellation Policy</u> : If RECEIVED less than ten BUSINES REFUND. If RECEIVED 10 or more business days before material(s) are returned in brand new condition prior to the	e the coursefull refund if the issued
I checked that the above information is correct, understand policy, and will bring a current textbook to class. Register	
SIGN HERE ▶	
Office Use Only: Acknowledged [] in person by [] phone	
Student [] absent [] incomplete [] cancelled on	
	saved 12/12/13, printed 12/12/13)

Forms that are incomplete or without payment will not be processed.

Name (Pleas	e pri	nt cl	early	/ .)																		
E-mail address (This is our default written communication.)																						
	1											Ϊ,										
Address																						
Day									- (Cell												
phone										phor												
Eve										EMS												
phone										ID#												
Circle your healthcare professional role/level:																						
	MD/DO DDS/DMD PA APN RN LPN RespTx PhysTx MedStudent Paramedic EMT																					
FR/FF/PD A	FR/FF/PD ATC Pharm CCT Other											_										
New Brunswick healthcare campus affiliation, if applicable: [] RWJUH [] UMDNJ-RWJMS Unit/Department																						
														~-		_						_
Check, if appropriate: []Resident []Fellow []Faculty [] MedStudent																						
DAYMENTO.	т:	1.	ሰ ፈ ባ	_ ^	111111		l. F	ı	1 W Z	,		- О Т	ΛΙ.	Φ								
PAYMENTS:															- i		:4 1		_:4_1			
CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital																						
#\$																						
CDEDIT CAE	CREDIT CARD Circle one: AmericanExpress MasterCard Visa Discover																					
Cardholder's							Call	⊏xp	1655) l'	vias	lerc	alu		VIS	oa		JISC	ove			
Name	[] Same as above																					
Cardholder's		F 1 (Sam	0.00	n ah	01/0																
Address		[] Same as above																				
Address																						
Card																						
Number																						
Expiration									T	CVV	or or				T							
Date										Seci	-	cor	de									
	and s	sian	belo	w th	nis s	tate	mer	nt: I						otal	an	າດເ	ınt r	note	d al	OOVE	per	
Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.																						
	Cardholder Signature																					