



Course Date(s):

[] Thursday, May 8

Text Options: ☐ Purchase from RWJUH (\$79.95) ☐ I possess or will obtain by other means.

Required attachments:

☐ Payment, credit card info, or EMS Education Waiver Application

Registration acknowledgement by: ☐ E-mail or ☐ Telephone

Course Materials Delivery:

[] Pick-up M-F 8:30 a.m.-5:00 p.m. at RWJUH EMS Education, 126 Paterson Street in New Brunswick (Recommended if registering within 2 weeks of course.)

[] U.S. mail to registration address. (This may take 10 days to 2 weeks.)

☐ Interoffice/intercampus to RWJUH or UMDNJ unit/department:

Cancellation Policy: If RECEIVED less than ten BUSINESS DAYS before the course--NO REFUND. If RECEIVED 10 or more business days before the course--full refund if the issued material(s) are returned in brand new condition prior to the start of the course.

I checked that the above information is correct, understand and acknowledge the cancellation policy, and will bring a current textbook to class. Register me.

SIGN HERE ►

Office Use Only: Acknowledged ☐ in person by ☐ phone ☐ e-mail.

Student ☐ absent ☐ incomplete ☐ cancelled on _____ ☐ verbally ☐ in writing.

☐ CC Billed ☐ CC Rejected ☐ EW attached ☐ EW billed ☐ Invoiced ☐ Training Fund billed

DATE RECEIVED

(Form saved 12/12/13, printed 12/12/13)

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

Name (Please print clearly.)

[illegible]

E-mail address (This is our default written communication.)

[illegible]

Address			
Day phone		Cell phone	
Eve phone		EMS ID#	

Circle your healthcare professional role/level:

MD/DO	DDS/DMD	PA	APN	RN	LPN	RespTx	PhysTx	MedStudent	Paramedic	EMT
FR/FF/PD	ATC	Pharm	CCT	Other						

New Brunswick healthcare campus affiliation, if applicable:

[] RWJUH [] UMDNJ-RWJMS Unit/Department	
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Check, if appropriate: ☐ Resident ☐ Fellow ☐ Faculty ☐ MedStudent

PAYMENTS: Tuition \$100 Additional: [] Text \$79.95 TOTAL: \$

CHECK OR MONEY ORDER payable to Robert Wood Johnson University Hospital
\$

CREDIT CARD	Circle one: AmericanExpress MasterCard Visa Discover		
Cardholder's Name	[] Same as above		
Cardholder's Address	[] Same as above		
Card Number			
Expiration Date		CVV or Security code	

Please read and sign below this statement: I agree to pay the total amount noted above per the card issuer agreement.

Cardholder Signature _____