

**SEVEN MOUNTAINS  
EMERGENCY  
MEDICAL SERVICES  
COUNCIL, INC.**



ALS/BLS Skills Review and 2008 Protocol Update Registration Form

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_



Check this box if attending the ALS/BLS skills review only.  
\$25.00 Registration Fee only



Check this box if attending the ALS/BLS skills review and the CPAP for BLS Train the Trainer  
\$35.00 Registration Fee

Method of Payment can be made by one of the following:

Personal Check

Cash

Money Order

Please attach a check number if using a personal check or money order \_\_\_\_\_

If paying for multiple participants please list names below that are associated with payment amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refunds will not be made for NO SHOWS