

Hutchinson Regional Medical Center

Advanced Stroke Life Support (ASLS ®)

REGISTRATION FORM

May 11, 2018

Last Name _____ MI _____ First Name _____

Street _____

City _____ State _____ Zip _____

Cell Phone _____ Email Address _____

Place of Employment _____ Work Phone _____

Payment must be received by May 1, 2018

Credit Card Holder Name _____

Card Number _____ Exp. Date _____ Security Code _____

Card Holder Address:

Street _____

City _____ State _____ Zip _____

****Registration & payment information can be emailed or mailed & must be received by May 1, 2018**

Payment Methods:

For HRMC employees: Payroll deduct can be filled out in the Education department

Email registration form with credit card information filled out to:

Lindseys@hutchregional.com

Mail check or money order:

Payable To:

Hutchinson Regional Medical Center

Mail To:

Hutchinson Regional Medical Center

Education Dept.

1701 E. 23rd

Hutchinson, Kansas 67502

Registration Questions:

Sarah Lindsey

620-665-2057

lindseys@hutchregional.com

****Payment and registration must be received by May 1, 2018 **Course fee will be fully refunded if Hutchinson Regional Medical Center is notified by email or phone of cancellation a minimum of 2 business days prior to class****