

# the difficult airway course

## Course Registration

Course Date: April 21 & 22, 2017

Name: \_\_\_\_\_ Cert Level: \_\_\_\_\_

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

\_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Payment Method:  Check  
 Credit Card (Form attached)

Telephone: 315-789-0108 or 1-800-357-3672

Fax: 315-789-5638

**Finger Lakes Regional EMS Council, Inc.**

90 Pulteney Street, Geneva, NY 14456

Tel: (315) 789-0108 Fax: (315) 789-5638

**CREDIT CARD PAYMENT AUTHORIZATION**

Card Holder's Name: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Check One:  VISA  Master Card

Expiration Date:

Credit Card No:

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree to pay the above total amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date