

the difficult airway course

Course Registration

Course Date: April 20 & 21, 2018

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.

CREDIT CARD PAYMENT AUTHORIZATION

63 Pulteney Street, Geneva, NY 14456

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

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