

ITLS MID-ATLANTIC INSTRUCTOR COURSE REGISTRATION - 2016

(Please type or print legibly in black ink)

June 28, 2016

**Alexandria Fire Department
5255 Eisenhower Ave.
Alexandria, VA 22305**

Please mail completed form with payment to:
AR Solutions
14314 Sandy Point Rd.
Charles City, VA 23030

Or Email:
arsolutions85@outlook.com

Checks Payable To: WVACEP

Map and detailed agenda will be sent to confirmed registrants.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE: Home (____) _____ or WORK (____) _____

EMAIL: _____

OEMS #: ____-____-____-____ or DRIVERS LICENSE #/STATE: _____

ITLS Provider (Certification) #: _____

QUALIFYING CERTIFICATION: ITLS "IP" rating ITLS Other* PHTLS* Physician

*You must submit documentation of other qualifications at the time you register.

REGISTRATION FEE: \$105.00

Full payment of the registration fee **MUST** accompany this form. The registration fee includes all course materials.

REGISTRATION DEADLINE: Forms and fees must be received by AR Solutions ONE week prior to course date.

PAYMENT INFORMATION:

I have enclosed my check/money order for \$ _____. (Payable to WVACEP)

There will be a \$50.00 charge for returned checks.

Please charge to my: VISA Master Card

Card No. _____ Exp. Date _____ Security Code: _____

Cardholder's Name _____

Signature _____

Cancellation Policy: There will be an administrative fee of \$20.00 plus the cost of pre-shipped textbooks for course cancellations. Cancellations/Refunds must be requested in writing. No refund for cancellations after April 14th or no shows.

Questions?

**Email Annette Roberts @ AR Solutions:
arsolutions85@outlook.com**

Enrollment is Limited.
Registrations accepted first reserved basis

For ITLS office use only:

Date Received: _____

Amount Paid: _____

Date Confirmed: _____