

PALS

Pediatric Advanced Life Support

Registration Form (please print):

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email address: _____

Please circle: Physician - Nurse - Other (specify): _____

Specialty: _____ Time in specialty: _____

Date of BLS certification: _____ Course date being registered for: _____

Dietary restrictions/allergies: _____

Space is limited to twelve (12) participants per course.

Registration deadline is four weeks (28 days) before the start date of the course. We will not offer refunds for cancellations occurring after this deadline. The provider manual will be mailed to you two weeks (fourteen days) prior to the course's start date.

Please note the following:

1. This course will be utilizing the 2005 version of the manual as the 2010 guideline version of the PALS manual is not expected until the Fall of 2011. Should the 2010 version be available at least four weeks prior to the course date, we will be providing this version of the manual.
2. Participants need to have BLS certification from a Heart and Stroke Foundation approved provider prior to taking PALS. Failure to have the appropriate BLS will result in an inability to obtain certification in PALS. A copy of the participant's level C (HCP) BLS provider card is required and should be submitted with the registration documentation.

I have read and understood the above. I would like to register for the PALS course specified above.

Signature: _____ Date: _____

Please make cheques payable to **Gerald Brennan Medical Corporation** and post-date them four weeks prior to course date. Registration fee is \$650.00 (Cnd) per participant. Please mail your cheque and completed registration form to:

PALS Manitoba
C/o Ms. Kathy Woloshyn
AE 107
671 William Avenue
Winnipeg, Manitoba, R3E 0Z2