REGISTRATION FORM

CEMEC
P.O. BOX 3450
VISALIA, CA 93278
Ph. (559) 936-5933
Fx. (559) 713-2465
www.cemec.net

Last Name First Name

Address

City State Zip-Code

Phone Number Professional License Number

## COURSE REGISTERING FOR
(Circle type of Course)

**BLS** **ACLS** **PALS**

Date of Course _____

## TYPE OF CERTIFICATION
(Circle type of Certification)

**Initial** **Re-Certification**
**(expiration date must not have expired)**

## PAYMENT METHOD

| | |
|---|---|
| BLS Initial and Re-Certification: $65.00 | |
| ACLS Initial Certification: $235.00 | |
| ACLS Re-Certification: $185.00 | |
| PALS Initial Certification: $235.00 | |
| PALS Re-Certification: $185.00 | |
| Total: | |

Credit Care Type: Visa MasterCard American Express

Credit Card Number: _____ Exp Date: ____ / _____
mm yyyy

Please Make Checks payable to: CEMEC

Signature: _____

**CEMEC**
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**Visalia, CA 93278**