



Academy of Advanced Life Support



PO Box 73241, Fairland , Johannesburg, 2030
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www.advancedlifesupport.co.za • linda@resus.co.za

AMLS
Advanced
Medical
Life Support

ACLS
Advanced
Cardiovascular
Life Support

2011 Registration Form International Courses

PALS
Paediatric
Advanced
Life Support

ANLS
Advanced
Neonatal
Life Support

Surname: Title: Prof/Dr/Sr/Mr/Mrs/Ms.....

First Name:..... Middle Initial:

Calling Name (For name tag):

Address (Work) Postal Code:.....

Address (Home) Postal Code:.....

Preferred Postal Address: Postal Code:.....

Telephone numbers: Work (code) Home (code)

Fax numbers: Work (code) Home (code)

Cellphone number: E-mail address:

Qualifications	Institution	Date
.....
.....
.....

HPCSA REGISTRATION NUMBER: Identity Number:

Summarized C.V. (Last 3 years)

Present position held:

Previous positions held:

Other courses attended:

Basic Life Support Certificate

VERY IMPORTANT: IF PREVIOUSLY DONE, COPY OF VALID CERTIFICATE MUST BE ATTACHED:

AHA Basic Life Support Healthcare Provider Certificate No Dated Issued by

I heard of this Course through (Please tick relevant blocks):

Sent by employer Recommended Other

Advertisement Brochure (Specify).....

DATE OF COURSE BOOKING

- 5 hour Basic Life Support for Healthcare Providers Course
- 2-Day Paediatric Advanced Life Support (PALS) Provider Course
- 2½ Day Advanced Cardiovascular Life Support (ACLS) Provider Course
- 2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
- 2-Day Advanced Medical Life Support (AMLS) Course for Doctors
- 1-Day Emergency ECG and Pharmacology Course
- 1-Day Advanced Neonatal Life Support (NRP) Course

UNDERTAKING

I enclose a cheque/postal order/credit card number payable to **ACADEMY OF ADVANCE LIFE SUPPORT**. (Textbooks will be forwarded on receipt of payment). I understand that I will be required to pass the entry examination in order to successfully complete the Course. (It is recommended that the Textbook be obtained at least 2 months prior to Course participation to allow sufficient time for self-study) Tick appropriate blocks (All prices include VAT):

- R850.00 5 hour Basic Life Support for Healthcare Providers Course
- R2400.00 2-Day Paediatric Advanced Life Support (PALS) Provider Course
- R2500.00 2½ Day Advanced Cardiovascular Life Support (ACLS) Provider Course
- R2600.00 2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
- R2600.00 2-Day Advanced Medical Life Support (AMLS) Course for Doctors
- R1200.00 1-Day Emergency ECG and Pharmacology Course
- R1500.00 1-Day Advanced Neonatal Life Support (NRP) Course

Credit card number Expiry Date Type: Visa/Master Card

Please add last 3 numbers on back of credit card:

PAYMENT BY DIRECT DEPOSIT:

STANDARD BANK, NORTHCLIFF. BRANCH CODE: 006305. ACCOUNT NUMBER: 201 675 781. ACCOUNT NAME: ACADEMY OF ADVANCED LIFE SUPPORT.

TERMS AND CONDITIONS

Cancellation more than 1 month prior to Course - 75% REFUND Postponement more than 3 weeks prior to Course – R350,00
 Cancellation less than 1 month prior to Course - NO REFUND Postponement less than 3 weeks prior to Course – R1 000,00
 Failure to attend Course – NO REFUND (Only one postponement will be allowed)

I confirm acceptance of the terms and conditions of participation and postponement conditions.

Signed Dated

Please complete & fax or post this Registration Form with payment to: (Remember to attach a copy of BLS certificate and a copy of bank deposit slip if applicable).

DR W. KLOECK. ACADEMY OF ADVANCED LIFE SUPPORT . PO BOX 73241, FAIRLAND, JOHANNESBURG 2030
 Tel (011) 478-1874 (am) • Fax (011) 678-5087 • Cell 082 558 3557 • Email: judy@resus.co.za

FOR OFFICE USE ONLY

Amount paid: Method of payment: Date of payment: Delivery method: