



**American Heart Association
Pediatric Advanced Life Support (PALS)
MAIL IN REGISTRATION ONLY**

Check One [] **PALS course** (a current BLS Healthcare Provider is required to take this course)

Course Date(s): _____

Course Location: Wayne First Aid Squad
8 Rohrbach Memorial Way
Wayne New Jersey 07470

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone : _____ **Work Phone:** _____

E-mail: _____

Course Fees: PALS Initial Provider Program: \$225.00 (textbook included)
PALS Renewal Program: \$200.00 (no textbook included, if you would like to receive the book please include \$225)

Amount Enclosed: \$ _____ Cash, Check: # _____

Make checks payable to: ShowMeCPR LLC

**Mail To: ShowMeCPR LLC
American Heart Association Training Center Site
Administration Office
213 MacDonald Drive
Wayne, New Jersey 07470**

**Questions? Call 973-694-2893 or
email info@ShowMeCPR.com**

If you are registering for an PALS Renewal Course, provide a copy of your current PALS card.

AMERICAN HEART ASSOCIATION DISCLAIMER: The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Any fees charged for such a course, except for a portion of fees needed for AHA course material, do not represent income to the Association.

Office use only Rec'd: ____/____/____ In Computer: ____/____/____ Conf/Book Sent: ____/____/____