



Hackensack  
Meridian *Health*  
Hackensack University  
Medical Center



American  
Heart  
Association®

**AUTHORIZED**  
**TRAINING**  
C E N T E R

## Registration Form

**To enroll in a class, please complete and return registration form to:**

By Mail: Hackensack University Medical Center  
Life Support Training Center  
30 Prospect Avenue  
Hackensack, NJ 07601

By Fax: 551-996-2635

By Phone: 551-996-2401

By Email: CprTraining@hackensackmeridian.org

Please email or fax the completed registration form to reserve your seat. Payment can be made in the form of a check or credit/debit card. Please make checks payable to **Hackensack University Medical Center**. For credit/debit card payment, please contact our office to process.

### Registration Information: (Please print)

Name/s of Participant/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of class: \_\_\_\_\_

Date/s of class: \_\_\_\_\_ Check number, if paying by check: \_\_\_\_\_

Credit Card Payment: Please contact office to process credit card payment.

**For Office Use Only:** Date Received: \_\_\_\_\_ Material Sent: \_\_\_\_\_

Payment received: Check: \_\_\_\_\_ Credit Card processed by: \_\_\_\_\_

1/24/2019