



BLS Provider Course - Initial Registration and Payment 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:

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: _____