



HUNTER'S AMBULANCE EDUCATION RESOURCE CENTER

450-478 WEST MAIN STREET
MERIDEN, CT 06451
(203) 514-5142 FAX (203) 514-5157
www.Huntersamb.com

Course Registration Form

Complete the information below, sign, date and return registration form with a check or money order payable to "Hunter's Ambulance Service, Inc." for course fee. (Note: if paying with a check, course admission not complete until check clears.)

Courses are filled on a first come, first serve basis. If necessary, a waiting list will be created.

Refunds or credits will only be issued in the event a course is cancelled because minimum participant requirements have not been met. Participants will be given a right of first refusal for the next available program.

NAME: (please print) _____

ADDRESS: _____

TOWN: _____ ST: _____ ZIP: _____

PHONE: _____
Days Evenings Cell / Pager

EMAIL: _____

AFFILIATION: _____

COURSE DESCRIPTION: _____

DATE: _____ HOURS: _____

FOR EMT-R COURSE

CT CERTIFICATION #: _____ EXPIRATION DATE: _____

All of the above information is true and accurate to the best of my knowledge. I have read and understand all rules regarding the course registration. I further understand and agree to hold Hunter's Ambulance Service, Inc., its officers, agents or employees harmless from any and all liability for any injuries I sustain during such course participation.

Signature

Date