Academy of Advanced Life Support

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

AMLS Advanced Medical Life Support

ACLS Advanced Cardiovascular Life Support

2018 Registration Form

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 Courier Address: (Must be a physical 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 Paediatric Advanced 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

Enclose an EFT/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 6 weeks prior to Course participation to allow sufficient time for self-study)

Mark appropriate blocks (All prices include VAT):

☐	R950.00	5 hour Basic Life Support for Healthcare Providers Course
☐	R3000.00	2-Day Paediatric Advanced Life Support (PALS) Provider Course
☐	R3100.00	2½- Day Advanced Cardiovascular Life Support (ACLS) Provider Course
☐	R3100.00	2-Day Advanced Cardiovascular Life Support for Experienced Providers Course
☐	R3000.00	2-Day Paediatric Advanced Life Support for Experienced Providers Course
☐	R3100.00	2-Day Advanced Medical Life Support (AMLS) Course for Doctors
☐	R1300.00	1-Day Emergency ECG and Pharmacology Course
☐	R2000.00	1-Day Advanced Neonatal Life Support (NRP) Course
☐	+/- R150.00	POSTAGE (outlying areas to please ask for a quote)

Credit card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ..... Type: Visa/Master Card

Please add last 3 numbers on back of credit card: ☐☐☐

PAYMENT BY DIRECT DEPOSIT: ACCOUNT NAME: ACADEMY OF ADVANCED LIFE SUPPORT.
STANDARD BANK, NORTHCLIFF. BRANCH CODE: 006305. ACCOUNT NUMBER: 201 675 781.
REFERANCE: Your name & course.

TERMS AND CONDITIONS

Cancellation more than 1 month prior to Course - 75% REFUND
Cancellation less than 1 month prior to Course - NO REFUND
Failure to attend Course – NO REFUND

Postponement more than 3 weeks prior to Course – R350,00
Postponement less than 3 weeks prior to Course – R1 000,00
(Only one postponement will be allowed)

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

Signed ..... Dated .....

Please complete & email to : PROF. W. KLOECK. ACADEMY OF ADVANCED LIFE SUPPORT . PO BOX 73241, FAIRLAND, JOHANNESBURG 2030
Tel (011) 478-1874 • Fax (086) 604-9910 • Email: carmen@resus.co.za