



Course Registration Form

COURSE NAME : _____

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|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| (Print or type name please) | | | | | | | | | | Circle one (MR. MS. MRS. DR.) | | | | | | | | | |
| FIRST NAME: | | | | | | | | | | | | | | | | | | | |
| LAST NAME: | | | | | | | | | | | | | | | | | | | |
| NATIONALITY: | | | | | | | | | | | | | | | | | | | |
| ORGANIZATION <input type="checkbox"/> BAU <input type="checkbox"/> NON BAU <input type="checkbox"/> COMMUNITY | | | | | | | | | | | | | | | | | | | |
| Job Title: <input type="checkbox"/> physician <input type="checkbox"/> INTERN <input type="checkbox"/> Resident <input type="checkbox"/> Allied Health Professionals | | | | | | | | | | <input type="checkbox"/> STUDENT (please specify): _____ <input type="checkbox"/> Nurses <input type="checkbox"/> Others(please specify): _____ | | | | | | | | | |
| CONTACT INFORMATION (* E-mail and mobile phone information are required for means of communication) | | | | | | | | | | | | | | | | | | | |
| Mobile * | | | | | | | | | | | | | | | | | | | |
| E-mail * | | | | | | | | | | | | | | | | | | | |

IMPORTANT NOTICE PLEASE READ AND SIGN:

Book Policy: I am aware that all participants must have the manual during the course and the BAULS reserves the right to deny admission to participants who do not have the manual or using a photocopied book. I will not copy the manual as it is against copyright laws

Cancelation or Non-Attendance Policy: As per rules and regulations of the BAULS, I will not receive any refund for the course fees if:

- I fail to notify inability to attend at least **3 weeks prior to course date**
- I fail to attend the scheduled course without a valid reason BAULS reserves the right to make decisions on validity of the reason)
- I am **late** from the first lesson since this is considered non-attendance unless a valid reason is justified based on the decision of the course director or lead instructor
- Registration after unsuccessful completion (or repeater) at any Course needs a new registration fee. The registration fee will be the same **minus** the cost of the manual (**for Life Support Programs**) if the same edition is still being used.

Refund policy: There will be **no refund** for those who are failed to attend or being late or not having a manual during the course (**for Life Support Programs**).

My signature confirms that I have read and understood the above registration policies:

SIGNATURE: _____ DATE: _____

American Heart Association Disclaimer:

"The American Heart Association strongly promotes knowledge and proficiency in CPR and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the association."