PLEASE FILL IN THE SHADED AREAS AS APPLICABLE TO YOU

Today's date	

Course type and date

☐ Heart Saver and First Aid	Date	
☐ BLS	Date	
☐ ACLS	Date	
☐ PALS	Date	
☐ ECG	Date	

Name as it should appear on certificate

First name	
Middle name	
Last name	
Occupation	☐ MD ☐ RN ☐ Other (please specify)
Organization	
City	
Contact Details	Mobile Other number Email

For more information and registration please contact:

Life Support Training Center

Tel: +962 6 5300460 Ext. 2230 / 5259 | **Email:** rabd-ellelah@khcc.jo / oa.08164@khcc.jo

....
Applicant signature   Date

Registration will be confirmed upon receipt of payment. This should be within 3 days of registration and one week before the course.