



COURSE Registration Application

Application Date: _____

Course: EMT

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Do you have a felony conviction? Y / N Drivers Lic # _____

Signature _____ Date _____

Deposit must be included or arrangements made. Registration is not confirmed without 50% deposit.

<u>EMT Course</u>	
<p>50% Deposit Required (this is included as part of the Total Course Fee)</p>	<p><input type="checkbox"/> \$1600 Total Course Fee</p> <p><input type="checkbox"/> \$1440 Total Fee if Balance paid in full prior to class start.</p>

Registrations will not be accepted without payment.
<p>Send registration to:</p> <p>Medic 1 Ambulance</p> <p>635 East Napier</p> <p>PO Box 1563</p> <p>Benton Harbor, MI 49023</p> <p>Or email to:</p> <p>cwhite@medic1ambulance.org</p>

Payment Policy

50% deposit is required to start class
10% discount will be given if the course is paid in full prior to the first day of class
Payment options available, but must be paid in full by course midpoint.

Refund Policy:

Cancellations received prior to the first class will receive a full refund minus a \$25 processing fee. Cancellations after the first-class session will result in forfeiture of the entire Deposit fee. All cancellations must be made in writing. **No refunds will be processed after midpoint of course.**

Send all cancellation notifications to:

Medic 1 Education
 PO Box 1563
 Benton Harbor, MI 49023

-or- cwhite@medic1ambulance.org

See course flyers for additional information or contact cwhite@medic1ambulance.org

P.O. Box 1563 / Benton Harbor, MI 49023 / Phone (269) 925-2141