American Heart Association

Pediatric Advanced Life Support Provider Original Program

Date: Four (4) Tuesdays
March 4th, 11th, 25th, 2014, and April 1st, 2014

Time: 06:00 PM to 10:00 PM

Tuition: 290.00 (Minimum Deposit of $150.00 require when Registering)
(Include required textbook) AHA Healthcare Provider Certification
Suggested – Available if needed, call the number below.

Location of Program: Flushing Community Volunteer Ambulance Corp.
43-16 162 Street, Flushing, NY 11358 – Second Floor
(South of Northern Blvd. between 43rd Avenue and 45th Avenue)

Parking: Street parking is available

Complete the information below and mail this form:

William J. Powell Associates, L.L.C.
PO Box 685, Levittown, NY 11756
Or Fax it to: 1-888-647-3690

NAME: ____________________________________________________________

ADDRESS: _________________________________________________________
(Number & Street) (City) (State) (Zip)

TELEPHONE: (Number you can be reached at)
Home: ______________________________________
Cell: ______________________________________

EMAIL ADDRESS: __________________________________________________

Payment may be made by cash, certified check or money order Payable to William J. Powell Associates, L.L.C.
To inquire about Credit Cards, or for any other information, call 516-242-0399.

☐ Visa ☑ MC ☐ AMX ☐ Discover ☐ Card # _______________________________

Exp. Date: _______ CVV2: _______ Amount $_______ Signature: ______________

Billing Address: ☐ Same As Above ☐ If Different: ____________________________

PLEASE WRITE NEATLY

PALS Provider Initial Program 4March2014