

# Essential Medical Training, LLC

“Providing Quality Professional Training”

## Registration Form

Directions: Please fill out this form completely. You can send this form by mail, fax, or email. Your seat in the class is not confirmed until payment is received unless prior arrangements have been made.

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Course registering for: \_\_\_\_\_

Course date: \_\_\_\_\_ Course Location: \_\_\_\_\_

Professional License #: \_\_\_\_\_ *If applicable for reporting ceu's*

Payment Method: \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card Online

**Cancellation Policy:** Cancellations must be received in writing 7 days prior to the start of the class to receive a refund less \$10 administrative fees and the cost of any books or materials that were mailed to you prior to the cancellation.

### *Mailing address only:*

Essential Medical Training, LLC  
1301 SW Blue Stem Way  
Stuart, Florida 34997

Email: [treasurecoastcpr@gmail.com](mailto:treasurecoastcpr@gmail.com)

Phone: 772-781-9249

Fax: 772-382-0607



Online registration available at  
[www.EssentialMedicalTraining.com](http://www.EssentialMedicalTraining.com)

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