



Learning Management System

Alabama Individual EMSP Registration Form

**PLEASE TYPE OR PRINT
ALL INFORMATION IS REQUIRED**

NAME: _____ EMSP Number: _____

Select your level and billing option

YEARLY: EMR - \$24/yr. EMT - \$40/yr. Advanced - \$50/yr. Paramedic - \$60/yr.

MONTHLY: EMR - \$2.50/mo. EMT - \$4.00/mo. Advanced - \$4.75/mo. Paramedic - \$5.75/mo.

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY EMS AGENCY: _____

Optional NREMT#: _____

BILLING INFORMATION - Check this box if same as above

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

READ NOTICE AND SIGN TO ACKNOWLEDGE

ALL THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND I AGREE TO ALL TERMS AND CONDITIONS FOR USING THE LMS SYSTEM. I AUTHORIZE ESEC, LLC TO AUTOMATICALLY BILL THE CARD LISTED BELOW AS INDICATED ABOVE AND I UNDERSTAND MY ACCOUNT WILL AUTOMATICALLY BE CHARGED ON A RECURRING BASIS UNTIL A WRITTEN NOTICE HAS BEEN PROVIDED TO TERMINATE THE AGREEMENT ON OR BEFORE THE RENEWAL DATE. I UNDERSTAND NO REFUNDS ARE AVAILABLE ONCE AN ACCOUNT HAS BEEN ACTIVATED AND NO REFUNDS ARE ISSUED FOR EARLY WITHDRAWAL.

CARD HOLDER SIGNATURE: _____ DATE: _____

Credit Card Type: MasterCard Visa Discover AmEx Other _____

Is this a commercial card: Yes No **PO# if req:** _____

Cardholder Name: _____
(as shown on card)

Card Number: _____

Exp. Date: _____ **Billing Zip Code:** _____