



1, 3855 – 64 Avenue SE
 Calgary, AB T2C 2V5
 Tele 403-571-7655 Fax 403-571-7659
 www.flatlinerresponse.com

Program Registration

Emergency Pediatric Care Provider Instructor Both

Name	_____	Telephone	_____
Address	_____	Fax	_____
City	_____		_____
Province	_____	Email	_____
Postal Code	_____		

Educational Information

Current Level of Training EMR EMT/PCP Other _____

Designation Registration Information

Alberta College of Paramedics Other _____

Registration No. _____ Registration Year _____

Course Fees

Provider Program \$325.00
 Instructor Program \$325.00
 Textbooks Available (not required) Contact office for additional information

Payment

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card Number		Name on Card:
Expiry Date		
Security Code (3 digits back of card)		Signature