



# 2010 ECG & Pharmacology

Registration Form

**Audience:** Healthcare providers  
**Text:** (required) ECG & Pharmacology Student Workbook book code: 80-1467 (given at class)

**Course Dates:** Please circle your selection.  
Feb 13, 2010                      July 17, 2010                      October 30, 2010  
**Course Hours:** 9 a.m. to 5 p.m.  
**Location:** Health Educators, Inc., 2201-A East Parham Road, Henrico, VA 23228

**Participant:**

PLEASE PRINT

First Name	MI	Last Name
Street Address		
City	State	Zip
( )	( )	( )
Home Phone	Work Phone	Cell Phone
Email		
Company		
<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> RT <input type="checkbox"/> LPN <input type="checkbox"/> Medic <input type="checkbox"/> Other: _____		
Job Title (choose one)		

**Payment: (Prepayment is required)**

Course Fee: \$100

Check: Make check payable to: Health Educators, Inc.

Charge:  VISA    Mastercard    AMEX   Expiration Date: / /

Security code:

Signature: \_\_\_\_\_

**Cancellation:** If you fail to show or notify us of a change for a registered session, you will forfeit the full participation fee.

**Confirmation will be emailed to you within 48 hours - if you do NOT receive a confirmation please call our office**

Phone: (804) 553-0460 • Fax: (804) 553-0463 • Email: [info@healtheducatorsinc.com](mailto:info@healtheducatorsinc.com) • Website: [www.healtheducatorsinc.com](http://www.healtheducatorsinc.com)

For office use only:

BK \_\_\_\_\_ DB \_\_\_\_\_ EM \_\_\_\_\_ HEI ID \_\_\_\_\_