



PACTS for Life®/PALS COURSE REGISTRATION 2009 - 2010

NAME _____ **TITLE** _____

POSITION/CLINICAL SPECIALTY _____

EMPLOYER/BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **HOME PHONE** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DATE OF BIRTH (MM/DD/YY) _____ / _____ / _____ **(M.D. Only)**

E-MAIL ADDRESS _____ **COURSE DATE(S)** _____

Renewal Courses: Sept. 24, 2009 Nov. 12, 2009 Dec. 15, 2009 Feb.10, 2010 April 6, 2010 May 18, 2010

Provider Courses: Oct. 19-21, 2009 Jan.20-22, 2010 March 3-5, 2010 June 16-18, 2010

PLEASE SEND REGISTRATION FORM AND PAYMENT TO:

PACTS/PALS Coordinator
SSM Cardinal Glennon Children's Medical Center
1465 S. Grand Blvd. Room GN10
St. Louis, MO 63104

Phone: 314-577-5385 FAX: 314-268-4192
Email PACTS_PALS@SSMHC.com
WWW.CARDINALGLENNON.COM

PROVIDER COURSE TUITION
Physicians: \$475 Nurses/Paramedics/Others: \$400

RENEWAL COURSE TUITION
Physicians: \$200 Nurses/Paramedics/Others: \$175