



**PACTS for Life®/PALS COURSE REGISTRATION 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:** Feb.10, 2010 April 6, 2010 May 18, 2010, Sept. 21, 2010, Nov. 15, 2010, Dec.14, 2010

**Provider Courses:** Jan.20-22, 2010 March 3-5, 2010 June 16-18, 2010, Oct. 11-13, 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**

**Make Checks Payable to: SSM Cardinal Glennon**  
**Or**  
**Call the PALS office with Credit Card information**

**PROVIDER COURSE TUITION**

**Physicians: \$475**      **Nurses/Paramedics/Others: \$400**

**RENEWAL COURSE TUITION**

**Physicians: \$200**      **Nurses/Paramedics/Others: \$175**

**Phone: 314-577-5385**      **FAX: 314-268-4192**  
**Email PACTS\_PALS@SSMHC.com**  
**WWW.CARDINALGLENNON.COM**