



SSM Employee Registration Form Spring 2012 PACTS for Life/PALS Course

NAME _____ TITLE _____

POSITION/CLINICAL SPECIALTY _____ DEPT. # _____

SSM ENTITY _____ DEPARTMENT _____

E-MAIL ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE(S) OF COURSE ATTENDING _____

MGR./EDUCATOR APPROVAL SIGNATURE _____

Renewal Courses Feb. 23, 2012, April 18, 2012 May 10, 2012, June 4, 2012

Provider Courses: Feb, 1-3, 2012 March 12-14, 2012, June 25-27, 2012

PLEASE MAIL/ FAX REGISTRATION FORM TO:

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

Or EMAIL form to : PACTS_PALS@SSMHC.COM
Phone: 314-577-5385 FAX: 314-268-4192

SSM EMPLOYEE PROVIDER COURSE TUITION
\$225

SSM EMPLOYEE RENEWAL COURSE TUITION
\$100

Fee includes all course materials and lunch