



**Dartmouth-Hitchcock Medical Center**

Mary Hitchcock Memorial Hospital  
Life Support Programs

One Medical Center Drive  
Lebanon, New Hampshire 03756-0001  
603-650-7089

**ACLS RETRAINING COURSE PRE-REGISTRATION FORM**

**PLEASE PRINT**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (circle one) EMT-P LPN MD RN RCP  
Other \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Work mailing address: \_\_\_\_\_  
(Please include Box # or Street, City, State, & Zip Code)

Work phone #: \_\_\_\_\_ Work FAX #: \_\_\_\_\_  
(Please include Area Code) (Please include Area Code)

Home mailing address: \_\_\_\_\_  
(Please include Box # or Street, City, State, & Zip Code)

Home phone #: \_\_\_\_\_  
(Please include Area Code)

**IF A DHMC EMPLOYEE:** (circle one) MHMH LHC-Lebanon DMS VAMC  
S.S. #: \_\_\_\_\_

**Course cost:** DHMC Employees - \$60.00  
Non-DHMC Employees - \$80.00

**Book cost:** Additional (Textbook \$28.50 & ECC Handbook \$15.00)

**Please make your check payable to "DHMC Life Support Programs."  
Please enclose "PREREQUISITE FORM" with "REGISTRATION FORM".**

Forward Pre-Registration Form and payment to: Dartmouth-Hitchcock Medical Center,  
ATTN: Stanley Liang Life Support Program, One Medical Center Drive, Lebanon, NH 03756-0001.

**I would like to attend the Course scheduled for:** \_\_\_\_\_  
**Location: (TBA).**

All questions and/or concerns can be directed to Stanley Liang at 603-650-7989, from 8:30 AM to 3:30 PM,  
Monday thru Friday.

**REFUND POLICY:** Full refunds for cancellations received 2 weeks prior to program; 50% refund for cancellations  
received 1 to 2 weeks prior to program; NO REFUND for cancellations received less than 1 week prior to program. If  
a course is cancelled, full refunds will be made.