



31 Smith Place
Cambridge, MA 02138
Phone: 617.682.1846
Fax: 617.492.0806
ATTN: Chris Kerley

Class Application

Demographics / Personal Information

Name		Date of Birth
Address		Apt #
City	ZIP	State
Phone # 1	Phone # 2	
E-Mail	Would you like us to send you occasional e-mails regarding educational offerings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Occupation / Certification / Licensure (please check one)

- EMT-Basic
 EMT-Intermediate
 EMT-Paramedic
 Registered nurse
 Physician
 Respiratory therapist
 Current student: _____
 Other: _____

Class Information

Desired Class	Date
If the class you wish to attend is not on our schedule, or you prefer another date, please specify:	Date
Signature	Date

Please mail or fax this form to us. To reserve seats quickly, call or fax.
 Payment in the form of check or money order is due at the time of class.
 A separate form must be completed for each student attending.