

Life Support Training Center – Registration Form

	(Please Print all Information Clearly)
Today's Date	
Name of Class	
Date of Class	
Cost of Class	Do you need a receipt: yes no
Your Name	
Employer	
Home Address	
City, State & Zip	
Home Phone	
Cell Phone	
License #	
Email Address	
Credit Card # & Expiration Date	
	FAX THIS REGISTRATION FORM TO: 650.725.9937

(*If you are a SHC Employee and want to use your Educational Assistance Funds - Attach the Signed and Approved Educational Assistance Form with your Unit and Cost Center Number - Note: Your Registration will not be processed until we receive the completed Educational Assistance Form)

If you are paying by check, Please make check payable to Stanford Hospital and Clinics
Mail it with your application to: Stanford Center for Education, 300 Pasteur Drive, MC 5534, Stanford, CA 94305-5534

Confirmation letter and class material will be sent to you when we receive payment for the class

LSTC Cancellation Policy:

- You may cancel up to 10 working days prior to course, minus administrative fees
- Less than 10 before class, NO refund
- No shows or cancellation on the Day of Class, NO refund
- One time transfer fee of \$50.00 is available

For questions call: 725-9938 or 725-4611

Visit our website at www.cecenter.stanfordhospital.com