

# COURSE REGISTRATION FORM



## AMERICAN HEART ASSOCIATION (AHA) COURSES 2018 (2nd Half)

### [A] PARTICIPANT PARTICULARS

Please provide your details below.

Title: \_\_\_\_\_ Full Name (in Block Letters): \_\_\_\_\_

IC / Passport Number: \_\_\_\_\_ Designation: \_\_\_\_\_

Institution / Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Meal Preference:  Vegetarian  Non-Vegetarian Allergies/Special Requests (specify): \_\_\_\_\_

### [B] CHOOSE YOUR COURSE

Please indicate your preferred choice with a tick "☑" or cross "☒" in the box provided.

COURSE	DATE(S)	FEES
AHA BLS Provider Course	<input type="checkbox"/> 03 July 2018	Individual <input type="checkbox"/> RM430/pax
	<input type="checkbox"/> 30 November 2018	Group (5 pax or more) <input type="checkbox"/> RM380/pax
AHA ACLS Provider Course (pre-requisite: valid BLS certification)	<input checked="" type="checkbox"/> 04-05 July 2018 (Course Full)	Individual <input type="checkbox"/> RM950/pax
	<input type="checkbox"/> 18-19 September 2018	Group (5 pax or more) <input type="checkbox"/> RM900/pax
	<input type="checkbox"/> 01-02 December 2018	BLS+ACLS Package* <input type="checkbox"/> RM1280/pax
AHA PALS Provider Course (pre-requisite: valid BLS certification)	<input type="checkbox"/> 05-06 November 2018	Individual <input type="checkbox"/> RM1420/pax
		Group (5 pax or more) <input type="checkbox"/> RM1370/pax
		BLS+PALS Package* <input type="checkbox"/> RM1750/pax
AHA Heartsaver First Aid, CPR & AED Course	<input type="checkbox"/> 17-18 July 2018	
	<input type="checkbox"/> 25-26 September 2018	
	<input type="checkbox"/> 09-10 October 2018	Individual <input type="checkbox"/> RM450/pax
	<input type="checkbox"/> 24-25 October 2018	Group (5 pax or more) <input type="checkbox"/> RM400/pax
	<input type="checkbox"/> 13-14 November 2018	
	<input type="checkbox"/> 11-12 December 2018	

\*Note: please select your dates for each BLS & ACLS course respectively

\*Note: please select your dates for each BLS & PALS course respectively

\* All prices quoted at 0% GST

### [C] PAYMENT METHOD

- Payment can be made via **CASH DEPOSIT, BANK TRANSFER** or **CHEQUE** to our account.
- Purchase orders are NOT accepted.
- Please attach a copy your payment/bank-in slip as **PROOF OF PAYMENT**.
- Registration confirmation/receipt will be e-mailed to you upon receiving complete registration and payment.

Account details are as follows:

Account Name	: UNIMAS Holdings Sdn Bhd
Bank	: RHB Bank Berhad
Account Number	: 2111-280000-1803
Swift Code	: RHBBMYKL
Bank Address	: Lot 5608 & 5609 Unisquare, 94300 Kota Samarahan

### [D] INFORMATION TO PARTICIPANTS

#### Dress Code

This course requires your participation in practical sessions, please wear loose, comfortable and presentable attire. Refrain from using tight trousers, skirts and heeled footwear.

#### Assessment and Certification

Pre-reading before your scheduled course will be helpful with the post-course written and practical assessment. Participants who successfully fulfill the assessment requirements will be presented with an AHA ACLS Provider Card (2 years validity).

#### Pocket Mask

Fees do not include an individual pocket mask. Participants are encouraged to bring their own pocket masks or they may purchase one during the course. One will be provided for practical sessions.

#### Disclaimer

The practical sessions in this course are designed for participants to gain hands-on skills and may be strenuous to some. If you have a pre-existing medical condition which may be exacerbated by strenuous activities (eg. heart problems, spinal problems, pregnancy etc.) please notify the organisers in advance.

### [E] PLEASE RETURN YOUR COMPLETED FORMS VIA THESE METHODS

Please attach your proof of payment with your completed registration form.

E-Mail	<a href="mailto:csc@unimas.my">csc@unimas.my</a>
Fax	ATT: Dev Nath Kaushal 082 665 152 (please notify admin of fax via email above)

### [F] CONTACT PERSONS

Please contact our secretariats for further information.

DR. NARIMAN SINGMAMAE	012 263 7118
DEV NATH KAUSHAL	010 525 7118
JULIS JANTING	013 811 9719

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*The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of fees needed for AHA course materials, do not represent income to the AHA.*