

COURSE REGISTRATION FORM



AMERICAN HEART ASSOCIATION (AHA) COURSES 2018 (1st 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"/> 20 February 2018	Individual <input type="checkbox"/> RM450/pax
	<input type="checkbox"/> 04 April 2018	Group (5 pax or more) <input type="checkbox"/> RM400/pax
AHA ACLS Provider Course (pre-requisite: valid BLS certification)	<input type="checkbox"/> 27-28 February 2018	Individual <input type="checkbox"/> RM1000/pax
	<input type="checkbox"/> 16-17 April 2018	Group (5 pax or more) <input type="checkbox"/> RM950/pax
		BLS+ACLS Package <input type="checkbox"/> RM1350/pax
AHA PALS Provider Course (pre-requisite: valid BLS certification)	<input type="checkbox"/> 02-03 May 2018	Individual <input type="checkbox"/> RM1500/pax
		Group (5 pax or more) <input type="checkbox"/> RM1450/pax
		BLS+PALS Package <input type="checkbox"/> RM1850/pax
AHA Heartsaver First Aid, CPR & AED Course	<input type="checkbox"/> 05-06 March 2018	Individual <input type="checkbox"/> RM470/pax
	<input type="checkbox"/> 02-03 April 2018	Group (5 pax or more) <input type="checkbox"/> RM420/pax

*All prices inclusive of 6% GST

[C] PAYMENT METHOD

1. Payment can be made via **CASH DEPOSIT, BANK TRANSFER** or **CHEQUE** to our account.
2. Purchase orders are NOT accepted.
3. Please attach a copy your payment/bank-in slip as **PROOF OF PAYMENT**.
4. 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

[E] PLEASE RETURN YOUR COMPLETED FORMS VIA THESE METHODS

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

E-Mail	csc@unimas.my
Fax	ATT: Dev Nath Kaushal 082 665 152 (please notify admin of fax via email above)

[D] INFORMATION TO PARTICIPANTS

Dress Code

This course will require 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.

[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

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.