

AMERICAN HEART ASSOCIATION (AHA) COURSES 2019

[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"/> 28 January 2019 (Mon)	Individual <input type="checkbox"/> RM450/pax Group (5 pax or more) <input type="checkbox"/> RM400/pax
	<input type="checkbox"/> 26 April 2019 (Fri)	
	<input type="checkbox"/> 25 June 2019 (Tue)	Individual <input type="checkbox"/> RM1000/pax Group (5 pax or more) <input type="checkbox"/> RM950/pax BLS+ACLS Package* <input type="checkbox"/> RM1350/pax <i>*Note: please select your dates for each BLS & ACLS course respectively</i>
	<input type="checkbox"/> 06 August 2019 (Tue)	
AHA ACLS Provider Course (pre-requisite: valid BLS certification)	<input type="checkbox"/> 29-30 January 2019 (Tue, Wed)	Individual <input type="checkbox"/> RM1450/pax Group (5 pax or more) <input type="checkbox"/> RM1400/pax BLS+PALS Package* <input type="checkbox"/> RM1800/pax <i>*Note: please select your dates for each BLS & PALS course respectively</i>
	<input type="checkbox"/> 27-28 April 2019 (Sat, Sun)	
	<input type="checkbox"/> 26-27 June 2019 (Wed, Thu)	Individual <input type="checkbox"/> RM470/pax Group (5 pax or more) <input type="checkbox"/> RM420/pax
	<input type="checkbox"/> 07-08 August 2019 (Wed, Thu)	
AHA PALS Provider Course (pre-requisite: valid BLS certification)	<input type="checkbox"/> 27-28 March 2019 (Wed, Thu)	
AHA Heartsaver First Aid, CPR & AED Course	<input type="checkbox"/> 19-20 February 2019 (Tue, Wed)	
	<input type="checkbox"/> 18-19 June 2019 (Tue, Wed)	

[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 Edu Sdn.Bhd.
Bank	: Maybank Islamic Berhad
Account Number	: 5612 3960 8898
Swift Code	: MBISMYKL
Bank Address	: No.65 67, Lot 3179-3181, Block 10, Jalan Laksamana Cheng Ho, 93200 Kuching.

[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	csc@unimas.my
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