

# MGH ACLS REGISTRATION FORM

COURSE DATE YOU WANT TO ATTEND: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Department Fund number for payment (if applicable): \_\_\_\_\_

ACLS (MGB employee \$300) \_\_\_\_\_

ACLS (non MGB employee \$315) \_\_\_\_\_

BLS (CPR) \$105 \_\_\_\_\_

Email registration to [acls@partners.org](mailto:acls@partners.org) or mail registration to:

Massachusetts General Hospital  
ACLS Mail Zone 80  
55 Fruit Street  
Boston, MA 02114