

EMT B/MRT Bridge Registration Form

August 29 – November 22, 2008

NAME: _____

If taking the Bridge Course, the following information must be filled in:

ADDRESS: _____

MRT License Number: _____ Exp. Date: _____

CITY/STATE/ZIP: _____

To Qualify for the 10% Discount, need to have taken

MAILING ADDRESS (if different from above): _____

a Vintech Sponsored Course in the past:

Course Taken: _____ Date of Course: _____

HOME PHONE (include area code): _____

Email Address: _____

WORK PHONE (include area code): _____

CELL PHONE (include area code): _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER (include state): _____

I _____, have read the enclosed requirements for the EMT course. I agree to adhere to those guidelines.
(Print Name) I also state that the above information is truthful. **If under 18 years of age, parent or guardian MUST**
Also read the requirements and sign the registration form.

Signature Required: _____ Parent/Guardian: _____

FEE GUIDELINES

COURSE FEE: \$550.00 for EMT-B and \$450 for MRT/EMT-B Bridge

FEE INCLUDES: Textbook, BP cuff/stethoscope, pocket mask, penlight and CPR certification fees

PAYABLE TO: Vintech Management Services, LLC

Minimum Payment Down to Secure a slot: \$150.00, full payment by end of the 1st week of class.

Maximum Number of students allowed: 20

Registration Deadline: August 15, 2008

Refund Policy: Cancellations before 8/15/2008 will receive 100% refund. Cancellations after 8/15/2008 will only receive a 50% refund.

Course Schedule: Classes will meet Monday and Friday nights from 6:00-11:00pm. There are 4 **Mandatory** Saturday classes (8-5), 9/13, 10/11, 11/15 and 11/22, one Wednesday, 10/15 (6-11pm) and one Thursday, 10/23 (6-11pm).
Please read the course requirements carefully before you sign the registration form.

Any questions, call the course coordinators: Maureen Bascetta (860-379-9215 or Cathy Cormier-Cleaveland (860-496-8199)

Mail Your Check and Application to: Vintech Management Services
EMT-B Course Registration
333 Kennedy Drive, Suite 101R
Torrington, CT 06790
FAX 860-489-8851 or 860-738-3644