



Center for Emergency Medicine of Western Pennsylvania, Inc.

Office of Education

General Course Application

Name (Print): _____ Date of Birth: _____ ☐ Female
☐ Male
Occupation: _____ Organization: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email address: _____
Phone Numbers: Home: _____ Cell: _____
Certification/Licensure Number: _____

☐ **I have a disability that may require some accommodation.** Please contact us at (412)647-5300 to work out any special needs.

Please indicate the course that you wish to attend and the course date. One course per application please. Please visit www.centerem.org for current class costs and dates.

Course: _____ Course Date: _____
Course Time: _____ Course Cost: \$ _____

Payment

If this course is covered by your employer complete Part 1, otherwise move on to Part 2. To avoid delays in processing PLEASE complete all fields.

PART 1

Dept/Organization _____ Email: _____ Phone: _____
Dept Contact: _____ Dept Contact approval
(signature required) _____
Address: _____ City: _____ State: _____ Zip Code: _____

For UPMC Depts only	Business Unit: _____	Dept ID: _____	Acct ID: _____
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PART 2

The Center for Emergency Medicine of Western Pennsylvania, Inc. accepts checks, credit cards, or money orders. Please make check or Money order out to "Center for Emergency Medicine."

Name on Card: _____ CVVS #: _____
Card Number: _____ Expiration Date: _____
Card Type: ☐ AMEX ☐ DISC ☐ MC ☐ VISA

I agree to pay the above amount per card issuer agreement.

Signature: _____

Mail to:

CEM Course Registration
ATTN: **(name of course)**
230 McKee Place Suite 500
Pittsburgh, PA 15213
Or Fax to: (412)647-4670

Refunds

Requests for full refunds must be made in writing at least five working days prior to the course. The course fee will be refunded minus \$20 for administrative fees. No refunds will be issued for cancellations made after the refund deadline or for failure to attend class. Course cancellation will result in a complete refund.