

Miller EMS Class Registration Form

Today's Date: _____

Course: _____ Course Date: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Age: _____ Miles traveled: _____

Hosp / EMS Affiliation: _____

Title: _____ Department: _____

License level: _____

Mobile Phone: _____ Email: _____

PAYMENT METHOD Payment Amount: \$ _____

Groups: Fill out a form for each person. Place the same check or PO number in the allotted space. Only fill out credit card information once. Mail all forms together.

- Miller EMS associate. Purchase Order #: _____
- Check – Payable to: Miller EMS Check #: _____
- Visa / Mastercard / Discover / Am Express Pay at the door - Increased pricing

*** Some credit card companies charge fees which may be passed on to you for credit card processing.

Full Name on credit card : _____

Billing address of card holder: _____

Card number: _____ Expiration: _____

Security code: _____ Signature: _____

*** Refund Policy - Notice by phone no less than 48 hours before class.

*** Processing fees are charges to Miller EMS passed on to you for credit card processing.
I agree to the above information

Signature: _____

Mail to:

Attn: Greg Hau
Miller EMS Education Center
514 N. 1st
Medford, Oklahoma. 73759

Contact Information:

Greg Hau Education Director
Website: www.millerems.com
Email: medic3@millerems.com
Mobile phone: 405 – 641 - 9315