

# Yardley Makefield Emergency Unit

## Course Request & Quote Form

### 1. Student/Organization & Location Information

#### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Training Location – Please choose location.

**YMEU** 1140 Edgewood Road  
Yardley, PA 19067

**Other** \_\_\_\_\_  
\_\_\_\_\_

### 2. Course Selection & Cost – Please choose class.

<input type="checkbox"/> <b>BLS Refresher</b>	4 Hour Class	\$169.95 Per Student	Number of Students _____
<input type="checkbox"/> <b>ACLS/PALS</b>	8 Hour Class	\$299.95 Per Student	Number of Students _____
<input type="checkbox"/> <b>HS CPR/AED</b>	4 Hour Class	\$184.95 Per Student	Number of Students _____
<input type="checkbox"/> <b>HS CPR/AED/FA</b>	6 Hour Class	\$247.95 Per Student	Number of Students _____

Total Cost \$ \_\_\_\_\_

### 3. Terms

Please contact our business office 48 hours prior to scheduled class to confirm your final student count.

48 Hour notice is required to cancel or reschedule.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please contact our business office with any questions or concerns.

215-493-4222