

Ambulance Service of Manchester, LLC

P.O. BOX 300
MANCHESTER, CONNECTICUT 06045

TEL: 860-647-9798
TEL: 860-649-9015

FAX: 860-643-0759

Date of Course _____

Name of Course _____

Name _____

Email Address _____

Street Address _____

Town, Zip Code _____

Phone Number _____

Service Affiliation _____

Level of Certification _____

Each course should have a specific fee listed by the course title on the website Calendar. Unless otherwise specified, please make checks payable to: **Ambulance Service of Manchester**

Payment (check one):

Check enclosed _____

I will pay by check on day of class _____

Please mail the completed form to:

Ambulance Service of Manchester, LLC
PO Box 300
Manchester, CT 06045-0300
Attn: EMS Education

If you have questions, please call Melissa Osborne at (860) 647-9798 x 218