



Sign Up to Host a PHTLS Provider or Recertification Course

Hosting Department: _____

Your Name: _____

Your Phone Number: _____ Your E-Mail Address: _____

Department's Mailing Address: _____

City: _____ State: _____ ZIP: _____

Department's Phone Number: _____ Department's Fax Number: _____

Potential Number of Students: _____

Certification (16 hours of class) Requested Dates (2 days): _____

Alternate Dates: _____

OR

Recertification (8 hours of class) Requested Date (1 day): _____

Alternate Date: _____

Fax this completed form to the attention of Leif Erickson at (414) 778-5431

OR

Mail it to: Flight For Life

Attn: Leif Erickson

2661 Aviation Road

Waukesha, WI 53188