

Print this registration form, complete it and return it with payment to:

AMR
Attn: Course Registration
517 S. Division
Grand Rapids MI 49503

Name: _____ License Level: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Employer: _____

E-mail: _____

#1 Course Name: _____ **Recert or Provider** _____ **Course Date:** _____

Textbook needed? _____ **Amount Enclosed:** _____

2 Course Name: _____ **Recert or Provider** _____ **Course Date:** _____

Textbook needed? _____ **Amount Enclosed:** _____