

AETNA AMBULANCE SERVICE INC.

140 VAN BLOCK AVENUE
HARTFORD, CONNECTICUT 06114
PHONE (860) 240-7575
FAX (860) 724-3384

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, make checks payable to: **Aetna Ambulance Service, Inc.**

Payment (check one):

Check enclosed _____

I will pay by check on day of class _____

Please mail the completed form to:

Aetna Ambulance Service, Inc.
PO Box 1150
Manchester, CT 06045-1150
Attn: EMS Education

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