

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP

PROMOTIONAL
CODE:



**REGISTRATION
FORM**
**40 HOUR HEALTHCARE
INTERPRETER TRAINING**

**PLEASE FAX
REGISTRATION FORM TO:**
Andrea Estrada
at PALS for Health
FAX: (213) 553.1876

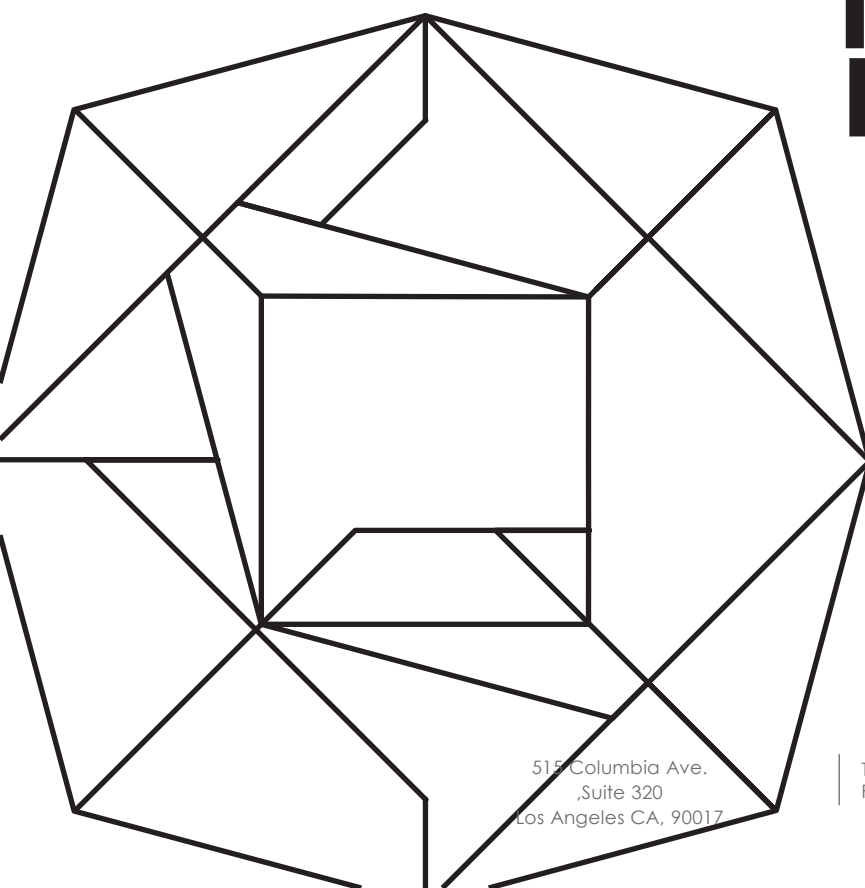
**FOR MORE INFORMATION
PLEASE CONTACT:**
Andrea Estrada
andreae@palsforhealth.org
(213) 553.1818

**2020
TRAINING
DATES:**

*February 5, 12, 19, 26
March 4*

**PLEASE CALL
THE OFFICE FOR
TESTING DATES**

TRAINING PARTICIPANTS MUST PASS
PALs FOR HEALTH'S 2.5 HOUR PROFICIENCY TEST
AS A PREREQUISITE TO THE TRAINING.



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