

NAME

TITLE

AGENCY

LANGUAGE(S)

PHONE

EMAIL

STREET ADDRESS

CITY, STATE, ZIP



**REGISTRATION
FORM**

**40 HOUR HEALTHCARE
INTERPRETER TRAINING**

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

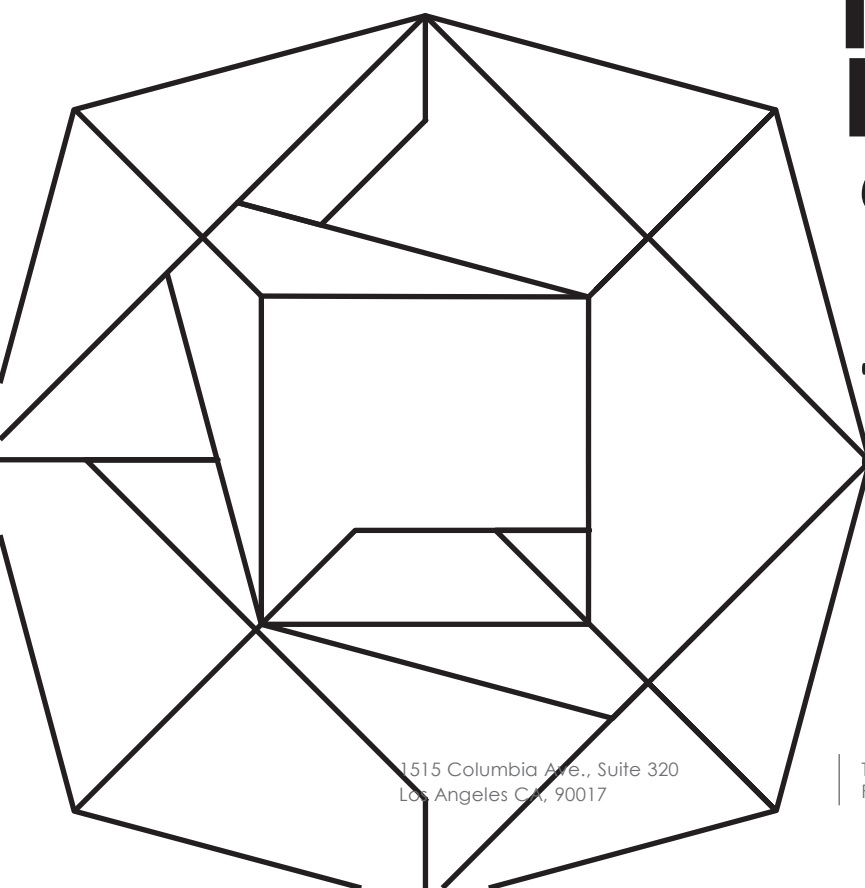
**FOR MORE INFORMATION
PLEASE CONTACT:**
 Andrea Estrada
andreae@palsforhealth.org
 (213) 553.1818

2019 TRAINING DATES:

October 2, 9, 16, 23, 30

**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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