

CPR/AED REGISTRATION FORM

(Please Print)

Today's date:				
PARTICIPANT INFORMATION				
Last name:	First:	Middle:	Sex:	Employee ID No.:
			<input type="checkbox"/> M <input type="checkbox"/> F	
Department:	Email Address:			Telephone No.:
				()
Reason for CPR Course:	<input type="checkbox"/> Work	<input type="checkbox"/> Personal		
	<input type="checkbox"/> Work/Personal	<input type="checkbox"/> Future Training		

PLEASE CHECK THE COURSE YOU WISH TO ATTEND:				
	Class	Date	Time	Fee
<input type="checkbox"/>	Heart Saver	September 16, 2009	12:00-3:00pm	\$45.00
<input type="checkbox"/>	BLS CPR/AED	September 29, 2009	12:00-3:00pm	\$75.00
All courses include AED training				
<i>Participant signature</i>			<i>Date</i>	

FOR STAFF ONLY			
Date Paid			Initial