

HEALTH ED OF NEW ENGLAND

First Aid

CLASS REGISTRATION FORM

(This form may be used for both Basic First Aid and Pediatric First Aid)

Send to: HEALTH ED OF NEW ENGLAND, P.O. BOX 377, KINGSTON, MA 02364. Include check or money order with proper amount.

Please print or type all information:

CLASS DATE(S) _____

Check one: Basic First Aid: _____ Pediatric First Aid: _____

NAME(S) _____

ADDRESS _____ PHONE _____

TOWN _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

ARE YOU UNDER 18 YEARS OLD? _____ YES _____ NO
(If YES, you must attend with parent or guardian or submit minor permission form with your registration).

FEE:

BASIC FIRST AID: **\$40** (\$35 EACH FOR 2 OR MORE PEOPLE)

PEDIATRIC FIRST AID: **\$45** (\$40 EACH FOR 2 OR MORE PEOPLE)

AMOUNT OF CHECK ENCLOSED: \$ _____.

(payable to Health Ed of New England)

Note: For each additional registrant, please print out and submit an additional form. If addresses and phone numbers are same, you may use one form for all.