

HEALTH ED OF NEW ENGLAND
CPR (BLS) for Healthcare Providers

CLASS REGISTRATION FORM

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) _____

NAME(S) _____

ADDRESS _____ PHONE _____

TOWN _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____

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

HOW DID YOU HEAR ABOUT US? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Web search | <input type="checkbox"/> Referred by friend/ other |
| <input type="checkbox"/> American Heart Assoc | <input type="checkbox"/> Heard on radio |
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Saw sign | <input type="checkbox"/> Craigslist |
| <input type="checkbox"/> Took your class before | <input type="checkbox"/> Other: _____ |

FEE: \$45

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.