

HEALTH ED OF NEW ENGLAND

CPR 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 UNDER 18 YEARS OLD? _____YES _____NO
(If YES, you must attend with parent or guardian, or submit minor permission form with your registration).

FEE: \$45

RECERTIFICATIONS: \$40
(taken same course within last 2 yrs, 30 day grace period allowed)

2 OR MORE PEOPLE: \$40 each

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.