

HEALTH ED OF NEW ENGLAND

Heartsaver AED *Adult / Pediatric* for Lay Rescuers

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: \$50

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.