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| A picture containing logo  Description automatically generated |  |
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| **AHA Heartsaver CPR AED w/First Aid****Registration Form** |
|  |
| **Personal Information**  |
| Name |  | Email |  |
| Street Address |  | City |  |
| State |  | Zip |  | Phone Number |  |
|  |  |  |  |  |  |
| **Select Class**  |  |  |  |  |  |
| April 8th, 5:30p.m. – 9:30 p.m. | * Aug. 6, 5:30 p.m. - 9:30 p.m.
 |  |  |  |  |
| Oct. 14th, 5:30p.m. – 9:30 p.m. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total** | **$85** | Cash | Check |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Mail this form and payment to:** Community Memorial Hospital Attn: Occupational Health Dept909 W 1st StSumner, IA 50674 |  | \*\*No refund will be made for failure to attend classLocation: CMH Boardroom  |