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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** | | |  | | | | | | |  |  | | | |  |  |
| Oct. 14th, 5:30p.m. – 9:30 p.m. | | | | | |  |  | | | |  | | | |  |  |
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|  | | | | | |  |  | | | |  | | | |  |  |
|  | | | | | | **Total** | **$85** | | | | Cash | Check |  |
|  | | | | | |  |  | | | |  |  |  |
|  | | | | | |  |  | | | |  |  |  |
| **Mail this form and payment to:**  Community Memorial Hospital  Attn: Occupational Health Dept  909 W 1st St  Sumner, IA 50674 | | | | | |  | | | \*\*No refund will be made for failure to attend class  Location: CMH Boardroom | | | | | |