

**HEALTH ED OF NEW ENGLAND**

**Heartsaver CPR AED**

**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"/> Saw the "CPR mini van" | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Took your class before | <input type="checkbox"/> Saw on social media       |

**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.*