

HEALTH ED OF NEW ENGLAND

First Aid

CLASS REGISTRATION FORM

(This form may be used for both Heartsaver First Aid and Pediatric First Aid)

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) _____

Check one: Heartsaver First Aid: _____ Pediatric First Aid: _____

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"/> Took your class before |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Saw the "CPR mini van" |
| <input type="checkbox"/> Other: _____ | <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.