



## REGISTRATION FORM

Your Name: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to contact you (circle one):      Morning      Afternoon      Evening

Your e-mail address: \_\_\_\_\_

Please list the course/location, date, and cost for all courses you wish to register for:

Course/Location: _____	Date: _____	Cost: _____
Course/Location: _____	Date: _____	Cost: _____
Course/Location: _____	Date: _____	Cost: _____
Course/Location: _____	Date: _____	Cost: _____
Course/Location: _____	Date: _____	Cost: _____

If you are unsure of what class(es) you need, the costs or the dates, please call or e-mail us for more information.

Payment Method (circle one)      VISA      Mastercard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Address credit card bill goes to: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

### Payments are non-refundable.

Cancellations must be received a minimum of 72 hours (or 3 full working days) prior to scheduled class in order to reschedule. Sorry, no exceptions. Substitutions or attendees may be made at any time.

Please initial here to confirm you have read and understand our cancellation policy: \_\_\_\_\_

CPR S.T.A.T.  
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