FIRST AID & CPR /AED COURSE REGISTRATION FORM

Please indicate your name as you would like it to	appear on your certification	ation card	
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr			
>			
Last Name	First Name		Middle Initial
>			
Street Address		Unit /S	uite /Apartment #
>			
City	Province		Postal Code
/ / /		()	
Date of birth (dd/mm/yyyy)	Home Phone		Cell Phone
D : N			
Business Name Email address			
Course Date(s)			
	OURSE FEES [¥]		
_	Early Bird	Regular	Plus HST
Courses	More than 3 weeks	Less than 3 weeks	13%
	prior to the course.	prior to the course.	
Standard First Aid & CPR /AED	□ \$119.47	□ \$128.32	\$
	· ·	·	
Standard First Aid & CPR /AED Recertification	□ \$79.65	□ \$88.50	\$
Emergency First Aid	□ \$79.65	□ \$88.50	\$
CPR /AED Level A,C, HCP	□ \$53.10	□ \$61.95	\$
CDD /AED Lavel C on HCD Decembrication	□ ¢44.25	□ \$53.10	Φ.
CPR /AED Level C or HCP Recertification	□ \$44.25	□ \$53.10 TOTAL	\$
¥ Fees are effective January 2017 TOTAL \$ METHOD OF PAYMENT			
	IOD OF PATMENT	- Francisco	
☐ VISA /MasterCard Card #:		Expiry:	
Cheque /Money Order* *Cheque or money order must be enclosed. No post-dated payments will be accepted. CANCELLATION POLICY			
A course participant may cancel their registration upon	written nation by way of a	Jactronia format including	amail ta
info@stthomaschiropractic.com or fax to 519.637.8881		=	
			d course date.
A cancellation request received five to thirty (5-30) days administration fee of 15% (plus HST) of the total course	•		thirty (20)
days in advance of the course date will not be charged	_		
business days prior to the scheduled course date will n			
We reserve the right to cancel any scheduled course(s)	•	=	
a cancellation by our Red Cross certified instructors.	•	-	
(Signature required below)	nave read and agree to a	blue by the above carlcella	ation policy.
(Oignature required below)			
Signature		Date	
Fax to: 519.637.8881 Email to:	info@stthomaschirop		
Mail to: St. Thomas Chiropractic, Certification Department, 305-300 S. Edgeware Road, St. Thomas, ON N5P 4L1			