

Training Worksheet

CPR & First Aid "On-Site"

Organization: _____
 Address: _____

Contact: _____
 Phone #: _____
 Fax #: _____
 Email: _____

Course Type: _____
 (with) _____

Date: _____
 Times: _____

of Participants (Planned): _____
 # of Vouchers (Requested): _____

Site Fee: _____
 (\$.75 per mileage total)

Base Rate (____) Participants: \$ _____
 + Price per Extra Participant: \$ _____ x _____ à \$ _____
 (# extra)

Additional Fees: _____ ? \$ _____
 Additional Fees: _____ ? \$ _____
 Extra Materials: _____ ? \$ _____

(Course) (Additional Costs) (Site Fee)
 \$ _____ + _____ + _____ + _____ + \$ _____ à Total: \$ _____

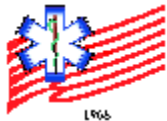
Room (Where?) _____ DVD/ TV () Have: _____
 () Need: _____

Instructor Name: _____

Comments: _____

Date: _____

 Richard Keizer (Ed. Coordinator)



ROCKFORD AMBULANCE

