

# ROCKFORD AMBULANCE

# REGISTRATION FORM

## CPR & FIRST AID TRAINING



**Name:** \_\_\_\_\_ **License/ Occupation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phone # (day):** \_\_\_\_\_ **(eve):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

- |  |               |                              |
|--|---------------|------------------------------|
| <input type="checkbox"/> Heartsaver-AED (Adult/Child/Infant) CPR   | <b>\$40</b>   | <b>Date of Course:</b> _____ |
| <input type="checkbox"/> Heartsaver-AED <b>Recert*</b>   | <b>(\$30)</b> | <b>Time of Course:</b> _____ |
| <input type="checkbox"/> Healthcare Provider (BLS) CPR & AED   | <b>\$50</b>   | <b>Location:</b> _____       |
| <input type="checkbox"/> Heartsaver First Aid & Blood Borne Pathogen Training (OSHA Guidelines)                  | <b>\$35</b>   |                              |
| <input type="checkbox"/> Heartsaver-AED (Adult/Child/Infant) CPR & First Aid Combo (Adult & Pediatric)           | <b>\$55</b>   |                              |
| <input type="checkbox"/> Heartsaver-AED (Adult/Child/Infant) CPR <b>Recert*</b> & First Aid Combo (Adult & Ped.) | <b>(\$45)</b> |                              |

\*Recertification classes (No Book) are for those with a valid CPR card.

**Form of Payment      Amount: \$** \_\_\_\_\_

- Visa/ MasterCard/ Debit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature (For Credit Card Use): \_\_\_\_\_ Date: \_\_\_\_\_  
 Check\* Payable to Rockford Ambulance    Check #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Money (Dropped of at Rockford Ambulance Offices) To be paid BEFORE Scheduled Class

\*Checks, Money Orders and Cash will be allowed a max of 4 days to arrive after phone registration  
 \$5 Late registration Fee will be assess if payment is received less then 1 week before class. Sorry, No "Walk-Ins" Allowed

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS, and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

## 4 EASY WAYS TO ENROLL

**By Phone:**

Call 863-8434  
 Enroll by phone with a VISA, Master Card, or Debit.  
 Office hours are 8 a.m.- 4:30 p.m. Monday- Friday

**By Fax:**

Fax your Completed Form to 866-3903  
 Fax with Credit Card Number, Expiration Date, & Signature.  
 Line is open 24 Hrs

**By Mail:**

Complete Registration Form & Send it (With Check Made out to Rockford Ambulance, attn: Education or Your Credit Card #, Expiration Date, & Signature) TO:  
 Rockford Ambulance Service  
 8450 Shaner Ave. NE  
 Rockford, MI 49341

**In Person:**

Come in to the Rockford Ambulance Administration Offices  
 During offices hours 8 a.m.- 4:30 p.m. Monday- Friday  
 Payment must be received BEFORE scheduled class date  
 10 Mile Road & Shaner Ave. (Just West of Myers Lake Ave.)  
 8450 Shaner Ave. NE  
 Rockford, MI 49341

**(616) 863-8434**

**[WWW.ROCKFORDAMBULANCE.COM](http://WWW.ROCKFORDAMBULANCE.COM)**