

TO REGISTER BY FAX / MAIL / IN-PERSON

Complete this registration form and either fax to: **(503) 243-3553** or mail/bring your registration with payment to:
CPR LifeLine, 9320 SW Barbur Blvd, Suite 175, Portland OR 97219
Office hours: Mon-Thur, 9am-6pm; Fri. 9am-5pm

TO REGISTER BY PHONE with a Visa or MasterCard, call (503) 243-2277

* Classes with low enrollment (less than 8 students) may be canceled. If a class is canceled, you will be notified and every effort will be made to reschedule your training. If this is not possible, you will receive a refund.

* DO NOT bring children or unregistered guests to class. Children under 14 taking a CPR or First Aid class must register and attend with an adult.

Cancellation/Rescheduling Policy: **NO Refund** if you cancel with less than 7 days notice.

- Cancellations received at least 7 days in advance of class may request a refund or receive credit to another class.
- Cancellations received less than 7 days in advance, but at least 24 hours prior to the class will be issued credit to reschedule with a \$10 rescheduling fee. A maximum of 4 people from any one group can be rescheduled.
- Cancellations received less than 24 hours prior to class, and "no shows" at class will **not** be issued a refund or credit and if a voucher was used, it will be voided. Substitutions are allowed with 24 hours notice.
- Please note that textbooks are not returnable and the purchase price is not refundable.

REGISTRATION FORM

Name: _____ Day Phone: (_____) _____

Address: _____ City _____ St. _____ Zip _____

Fax Number: (_____) _____ **e-mail:** _____

A confirmation of your registration will be sent via **e-mail** or **fax** upon receipt of your registration and complete payment.

Course Title	Date	Time	Location	Course Fee

Do you want to purchase a textbook? NO YES (textbook fee: _____)

Do you want the textbook mailed to you in advance of the course for pre-study? NO YES (Add \$5.00 shipping, allow 1 week)

PAYMENT INFORMATION - Payment must be received with registration form

TOTAL AMOUNT ENCLOSED: _____ Check# _____ (Payable to CPR LifeLine, must receive 2 weeks prior to class)

Visa/Mastercard: Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____

Billing address for Credit Card: _____ Zip _____

Cardholder Name: _____ Signature: _____