



Health & Safety Training

REGISTRATION FORM

Participant Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Alternate #: _____

Email address: _____

Course Name: _____

Course Date: _____ Time: _____

Course Cost: \$ _____

*Location: 14 Lilian Road Extension
Framingham, MA 01701
Phone (508) 620-0038
Fax (508) 620-0078
www.abccprservices.com

*(Unless otherwise specified)

Registration Information:

- Please fill out registration form and mail the entire page, along with a check payable to ABC CPR Services, Inc. to the location noted above. If paying by credit card please call the office number listed above. We accept Master Card, Visa or American Express.
- Prompt registration and payment will hold slot in class
- No refunds
- Please call the office if you decide not to attend so we can open up the slot to another participant.
- In the event of inclement weather call the office to find out if class has been cancelled.