



Health & Safety Training

REGISTRATION FORM

Participant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate #: _____

Email: _____

Course Name: _____

Course Date: _____ Time: _____

Course Cost: \$ _____

Location:

*unless otherwise specified

550 Cochituate Road
Suite 25 East Wing, Floor 4
Framingham, MA 01701

Contact Info:

Phone: (508) 620-0038
www.abccprservices.com

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 MasterCard, Visa or American Express
- Prompt registration and payment will hold your slot in the course
- 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 the class has been cancelled