

# Course Registration Form

Participant's Name:			Email Addr:		
Address:					
City:	State:	Zip:	County:		
Home Phone:	Cell Phone:	Work Phone:			
<b>Course Selection:</b> <b>Calendar of Classes</b> <a href="http://www.nwarkansasredcross.org/calendar-HSS.html">http://www.nwarkansasredcross.org/calendar-HSS.html</a>			<b>Course Requested</b>		<b>Total Due</b>
<input type="checkbox"/> \$40 -First Aid (FA) <input type="checkbox"/> \$80 -Wilderness FA <input type="checkbox"/> \$275 -Emergency Response <input type="checkbox"/> \$65 -FA & Adult CPR/AED <input type="checkbox"/> \$40 -Adult CPR/AED <input type="checkbox"/> \$50 - Dog First Aid <input type="checkbox"/> \$75 -FA, Adult/Child/Infant CPR/AED <input type="checkbox"/> \$40 -Infant/Child CPR <input type="checkbox"/> \$50 - Cat First Aid <input type="checkbox"/> \$75 -CPR/AED for Professional Rescuer <input type="checkbox"/> \$60 -Babysitter Training <input type="checkbox"/> \$75 - Dog & Cat First Aid <input type="checkbox"/> \$65 - Adult/Child/Infant CPR <input type="checkbox"/> \$25 - BAT or - FACT <input type="checkbox"/> <b>Other:</b> _____ <input type="checkbox"/> Recertification (* = CLASS LIST) <input type="checkbox"/> \$225 -FA/CPR Instructor			<b>Date:</b> _____  <b>Time:</b> _____		\$ _____
<b>Please Indicate Training Location (Mail or Fax or Email)</b> <input type="checkbox"/> Tontitown, AR <input type="checkbox"/> Fort Smith, AR <input type="checkbox"/> Harrison, AR <input type="checkbox"/> Mt Home, AR <input type="checkbox"/> Russellville, AR <a href="mailto:health&amp;safety@nwarkansasredcross.org">health&amp;safety@nwarkansasredcross.org</a> Fax (479-306-4325)    (479-785-0810)    (479-306-4325)    (479-306-4325)    (479-967-4688)					

**Payment Method:** (Please make checks payable to American Red Cross, registration will not be processed without proper payment)

<input type="checkbox"/> Cash (Receipt # _____)	<input type="checkbox"/> Check (Ck # _____)	<input type="checkbox"/> PO# _____	<input type="checkbox"/> Credit Card
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**Credit Card Information:**

<input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMX	3 Digit CVC Code _____	Card #: _____	Expires: _____
(Internal Use Only) Run Date: _____ By: _____			

Card Holder's Name:		
Address:		
City:	State:	Zip:

**Invoice/Billing Information/Purchase Order:** (requires prior approval)

Business/Organization Name:		
Billing Contact:	Phone:	
Billing Address:		
City:	State:	Zip:

**There will be a \$10.00 service charge for processing Invoices if not paid at time of Registration.**

(Internal Use Only) Authorized by (Name/Title):
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**Registration & Payment**

1. Payment may be made by cash, check, credit card or invoice. Those who pay by check must note the name and date of the course in the memo line. If paying by credit card, please include the 3 digit CVC code on the back of your card.
2. Companies and organizations that pre-enroll employees can be invoiced at the time of registration if wanted.
3. Class fees are due at the time of enrollment. No space is reserved without advanced payment.
4. Address to mail registrations to: **Northwest Arkansas Red Cross, PO Box 789, Tontitown, AR 72770.**

**Cancellation Policy**

1. We require two business days notification to cancel your enrollment and receive a refund or transfer enrollment to another class.
2. A \$10.00 administrative fee is charged if enrollment is cancelled.
3. If you do not attend the class in which you enrolled, you will not be issued a refund for the payment of the class.

Signature:	Date:
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