

Date Faxed: _____
Attention: _____
Phone #: _____
Fax #: _____

COURSE CONFIRMATION

The following people:

1. _____
2. _____
3. _____
4. _____

Are registered for a:

Standard First Aid course with AED & CPR Level _____

On the following dates and times:

At the following location:

1003 – 1st Ave. West, Prince Albert (north of downtown A & W). Parking available on north side of building.

Cost of this course is: \$ _____/person x _____ = \$ _____

To be paid by: Cash _____ Debit _____ Credit Card _____ Cheque _____ P.O.# _____

Invoice to: _____

Certificate to: ___ Student ___ Company ___

Refund & Cancellation Policy:

****Fees are refundable "only" if notice is received
7 business days before class start, and a \$15.00 fee
will be in effect (cheque to be issued from head office).**

****Location transfers are subject to a \$10.00 fee.**

****Student "No Shows" are not eligible for a refund.**