



St. John Ambulance Saint-Jean

SAVING LIVES SAUVER DES VIES
at work, home and play au travail, à la maison et dans les loisirs

Saskatoon Training Centre
1808 Broadway Avenue
Saskatoon, SK S7H 2B7
Tel: (306) 343-0041
Fax: (306) 934-2667

Registration Form

All courses are booked on a first-come first-serve, prepaid basis. If you wish to register for a class, we require registration and prepayment BEFORE the course date. We accept Visa or MasterCard over the phone or if you wish to use cash or debit, you can register in person at our office. Registrations can also be mailed with a money order, company cheque or faxed with credit card number. Office hours are Monday to Friday from 8:00am to 4:30pm.

Please Print Neatly

Class Options: OHS Standard First Aid w/CPR A & AED, OHS Standard First Aid w/CPR B & AED, OHS Standard First Aid w/CPR C & AED, CPR A/AED, CPR B/AED, CPR C/AED, Personal Care Worker, OHS Recert w/CPR A, OHS Recert w/CPR B, OHS Recert w/CPR C, Standard First Aid, Emergency First Aid (1st day of SFA)

Class times: \_\_\_\_\_ Class Location: \_\_\_\_\_

Student Information

First Name, Middle initial and Last Name \_\_\_\_\_
Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_
Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cancellation Policy in Effect

- To transfer to another date a \$10.00 transfer fee will be charged. Advance notice is required if you need to transfer.
To cancel from training, a cancellation fee of \$15.00 will be charged. Cancellation notification must be given at least 7 business days in advance of course. Requests after this time are not eligible for a refund.
No shows are not eligible for refunds OR transfers.
It is the student's responsibility to arrange for refund and original receipt MUST also be returned in order to receive your refund.
If the student received a workbook, it must be returned in original condition and unmarked prior to receiving the refund. If the workbook is damaged the cost of the workbook plus taxes will be held back from the refund amount.
Refunds will be issued in the form of a cheque by our Provincial Office, upon their approval, and may take 3 -4 weeks to process.

Company Information (if applicable)

Company name \_\_\_\_\_
Company Address \_\_\_\_\_ Postal Code \_\_\_\_\_
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ Contact Person \_\_\_\_\_
(first name) (last name)

Method of Payment:

Company Credit Card: \_\_\_\_\_ Mailing cheque \_\_\_\_\_
visa #: \_\_\_\_\_ Expiry date: \_\_\_\_\_
mastercard #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

Certificate Destination:

mail to company: \_\_\_\_\_ or give to student: \_\_\_\_\_