



Adult CPR and First Aid

Please complete and send to Wendy Sain
9900 E Iliff Ave, Denver, CO 80231
Phone: (303) 636-5727 Fax: (303) 636-5606

- Registration and payment must be received prior to each event in order to secure seating.
- Please send a separate registration form for each training participant.

Please indicate the date you would like to attend:

Registration deadlines are 7 days prior to the event and will not be accepted after this date.

- ~~January 31, 2007~~ May 30, 2007 September 26, 2007
 ~~March 28, 2007~~ July 25, 2007 November 28, 2007

- CPR only - \$44 9:00 am - 12:00 pm CPR/First Aid - \$54 9:00 am - 5:00 pm

**All trainings will be held at
Denver Options, 9900 E Iliff Ave, Denver, CO 80231**

Doors open at 8:30, participants arriving after 9:00 will not be guaranteed admittance.

Name: _____ Title: _____

Organization: _____ E-mail: _____

Address: _____
(Street) (Apt) (City) (State) (Zip)

Phone: (_____) _____ Fax: (_____) _____

Supervisor: _____ Supervisor Phone: (_____) _____

Supervisor E-mail: _____ State or Government Tax ID #: _____

Registration fees must be submitted at time of registration.

Seating is guaranteed only when payment is received.

- Money Order or Cashiers Check (*payable to CTAT*) Visa Master Card
 Cash (*Exact cash is appreciated*) Denver Options Staff - Department: _____

Card Number: _____ CSV: _____ Expiration Date: _____
Last 3 digits on back

Name on Card: _____ Authorized Signature: _____

Name and Address on Credit Card Account: Same as above Different than above, see below

(Name) (Street) (Apt) (City) (State) (Zip)

Cancellations must be received 7 days prior to the event. A 50% administration charge will be assessed for all cancellations. No refunds will be available with less than 4 days notice; however, you may send someone in your place.