



# KmD Medical

PO Box 2571 Flemington NJ 08822 Phone (866)(876-3578 Fax (908)284-2652

**Don't wait for help, get trained to help**

## Course Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Course:

CPR/AED Training  CPR/AED Healthcare Providers

CPR/AED/First Aid  First Responder  First Aid

Wilderness First Aid: Basic  First Aid  First Responder  EMT Upgrade

Pediatric First Aid  Pet First Aid

Date of Course \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

### Payment

Check

Money Order

Credit Card  Type: Visa  M/C

Number \_\_\_\_\_

Exp Date \_\_\_\_\_

Please send me a receipt

Cost of Course \$ \_\_\_\_\_

Addl. Fees \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

CPR Mask \$20.00

Total Due \$ \_\_\_\_\_

Thank you, see you at class!