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**CALIFORNIA EMS
ACADEMY, INC.**

Health Care Provider CPR

Date & Time: April 27, 2006
6:00 pm - 10:00 pm
Last Day to Register April 13, 2006

**Course Location: 675 Seaport Blvd
 Redwood City, CA 94063**

Course Fee: \$75.00 (Includes card)
Late Registration Fee: \$25.00

CPR - 0406 Registration Form

_____	_____
Name	Date
_____	_____
Address	Employer
_____	_____
City, State and Zip	
_____	_____
E-mail Address	Phone/Cell

Mail registration form and fee made payable to:

California EMS Academy, Inc. CPR.....\$ 75.00
 1098 Foster City Blvd Late Fee.....\$ 25.00
 Suite #106 – PMB #608
 Foster City, CA 94404 **TOTAL Enclosed \$ _____**

Credit Cards accepted: **MC / Visa (please circle one)**

_____	_____
Name as it appears on card	Signature
_____	_____
Credit Card #	Exp. Date

030706

Phone: **866-577-9197** or **650-701-0739** Fax: **650-701-1968**

Email: mail@caems-academy.com Web: www.caems-academy.com