

Red Cross Health and Safety Training REGISTRATION FORM



Client ID # _____

COURSE #	COURSE TITLE	DATE REQUESTED	TIME REQUESTED	NUMBER OF PARTICIPANTS
1)			Begin _____ End _____	
2)			Begin _____ End _____	

TO CALCULATE FEES:

COST OF COURSE #1		Course 1 Amount Due:	COST OF COURSE #2		Course 2 Amount Due:
Cost per participant :	\$ _____		Cost per participant :	\$ _____	
Number of participants:	X _____		Number of participants:	X _____	

Today's Date: _____ **Total amount included with Registration Form: \$** _____

Contact Name: _____ **Phone:** _____

Name of Organization: _____

Address: _____

Name of additional Sites/Centers which will send participants to training sessions, if applicable:

Please fill out form completely and mail with payment to:

TRAIN Educational and Community Services, 7718 Belair Road, Suite 202, Baltimore, MD 21236

Make checks payable to TRAIN Educational and Community Services

Phone: (443) 725-4853

TRAINING LOCATION INFORMATION	<i>*If you have already registered with us and provide your client ID number, you do not need to complete the section below unless there are changes to the training location</i>
SITE NAME and ADDRESS (Where training will take place)	Name of Training Site: Physical Address:
ROOM information:	Approximate size of room: _____ Is there sufficient floor space to accommodate CPR manikins and participants? _____ Will adult size chairs be available for all participants? _____ Adult size tables? _____
CONTACT NAME and PHONE (For day of scheduled training)	Contact Name(s): Contact Phone Number(s):
SPECIAL NEEDS	Are there participants who require special accommodations or equipment? If so, please specify: