

MARY CUNNINGHAM'S AMERICAN HEART ASSOCIATION TRAINING CENTER

Office 310-219-0779 Mobile 310-466-9164 email marycprfun@yahoo.com

15424 Hawthorne Blvd, Suite 203

Lawndale, CA 90260

www.cprfun.com

Reservation Form

Class Selection (Please print clearly):

Print the name of the class on the form: _____

Print the class fee (add \$2.00 service charge for payment by credit/debit card) \$ _____

Print the date of the first day of class: ____/____/____

Print alternative choice for first date of class (just in case class is full or cancelled) ____/____/____

How did you find out about our classes? _____

Student Information(please print clearly):

First Name _____ Middle Initial _____ Last Name _____

Email address where we may email your receipt for your class payment:

Street Address _____

City _____ State _____ Zip _____

Cell phone _____ Work or Home phone _____

Payment Information:

- To enroll in Basic Life Support for Healthcare Providers CPR/AED, CPR & First Aid for the Community and Childcare, Health & Safety for Childcare Providers, call at least one day ahead & pay at the door.
- Fees for ECG/Pharmacology, ACLS, PALS, NRP classes must be received by our training center at least 3 days prior to first day of class. Student is guaranteed a seat in the class when our training center has received all of the enrollment forms and full payment of fees and notifies student by email that reservation is confirmed.
- Refunds will be granted, less a \$25 cancellation fee, if the cancellation request is received at least 7 days prior to class date. No refunds will be granted for non-attendance, student turned away for late arrival, or student failure to complete class for any reason.

Check []

Business Check or Money Order – Sorry no personal checks

Make check or money order payable to Mary P. Cunningham

You must sign this form at the bottom of this page to make your reservation and return this form with your check to above address. Student will be charged a \$25.00 service charge for checks returned for any reason.

Credit/Debit/ATM Card (add \$2.00 service charge to your class fee)

Visa [] MasterCard [] Discover []

Card Number _____

V Code on reverse of card _____

Expiration Date: Month ____ Year ____

Zip code where your credit card bill is sent _____

Print name of credit card holder _____

I agree that I am paying for the class for the student who's name appears on this form.

Date _____

Signature of credit/debit card holder or person signing check: _____

Email this completed form (even if you are mailing your check) to marycprfun@yahoo.com

If you do not receive an email from us confirming receipt of this form within 2 business days, please call our office.

c:\users\office depot\documents\stor 1 & 2\1 stor\forms\office forms\credcardactivity\reservations