



CPR/First Aid Registration Form
2019 District 5 Fall Educational Conference
Fredericksburg Hospitality House - Fredericksburg, VA
Course Date: Friday, November 8, 2019
Time: 0800 – 1700

Name: _____ Date: _____
 (As you want it to appear on your card)

Preferred or Nick Name: _____ Squadron: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

CPR

Date of last class: _____

Fees

Registration - \$85.00 \$ 85.00

CPR Mask - \$15.00* _____

Total: _____

* Each student must have their own CPR mask. If you have a mask from a previous class and bring it with you, there is no need to purchase another one.

Cutoff date for registration/cancellation is: November 1, 2019

Please mail completed registration form with your check to:

Safety Institute of Maryland (SIMD)
 8800 Earl Court
 Bethesda, MD 20817

Zelle® Fund Transfer: Alan@SafetyInstituteOfMD.COM
Zelle Transfer: If using Zelle, please email form

