

Certification Programs

REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail (for e-newsletter) _____

All programs meet at locations indicated in the program description. Please register early as class enrollment is limited. Programs are subject to cancellation. A full refund will be given if a minimum enrollment is not met.

If you are unable to attend after you have registered, please notify us at 508-422-2206 **at least three business days** before the program starts and a full refund will be provided. A cancellation notice must be received to obtain your refund. **You will be notified only if the class is cancelled.**

Please complete the form below and mail with your payment to:

Milford Regional Medical Center
ATTN: Marketing Department
14 Prospect Street
Milford, MA 01757

Amount Enclosed

\$

Please make check payable to Milford Regional.

Certification

CPR - BLS for Healthcare Provider \$100

CPR - Healthcare Provider Retraining \$60

Class Selection _____

Additional: \$15 BLS Book Cost if you don't have the correct manual number.

Additional: \$10 One Way Valve Mask if you don't have yours from the initial training.

Total \$ _____

CPR - Heartsaver CPR AED \$60

Class Selection _____

Additional: \$15 CPR Book Cost if you don't have the correct manual number.

Additional: \$10 One Way Valve Mask if you don't have yours from the initial training.

Total \$ _____

CPR for Family & Friends \$50

Heartsaver First Aid \$55

Class Selection _____

Additional: \$15 First Aid Manual Cost

Total \$ _____

Blast! Babysitting \$60

Date of Birth _____

Class Selection _____



Milford Regional
Medical Center

www.milfordregional.org

