

**PLEASE PRINT:**

**Full Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street/PO Box Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone number:** Home/Evening \_\_\_\_\_ Work/Day \_\_\_\_\_

**Please indicate class and fill in the date. Pre-registration AND pre-payment required. Please call (319) 352-4939 to register.**

***This course does not fulfill the requirement for health care professionals.***

\_\_\_ Heartsaver® CPR & AED Date: \_\_\_\_\_  
\$60.00

\_\_\_ Heartsaver® CPR & AED / First Aid Date: \_\_\_\_\_  
\$85.00

**Amount of payment enclosed:** Cash \_\_\_\_\_ Check \_\_\_\_\_

**The decision to cancel a class due to low enrollment will be made the previous business day. Participants will be notified by telephone. If WHC cancels a class, a refund or a credit toward the next available class will be offered.**

**Mail pre-payment to:**

Waverly Health Center  
ATTN: Education  
312 Ninth St. SW  
Waverly, Iowa 50677

**\*NOTE: Refunds will not be distributed for failure to attend class or if more than 24 hours notice is not provided when unable to attend class.**

***For class location or questions, please call (319) 352-4939.***