

PLEASE PRINT:

Full Name: _____ **Email Address:** _____

Street/PO Box Address: _____

City/State: _____ **Zip Code:** _____

Phone number: Home/Evening _____ Work/Day _____

Please indicate class and date. Pre-registration AND pre-payment required at (319) 352-4939.

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.

***NOTE: Refunds will not be distributed for failure to attend class.**

Mail pre-payment to:

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

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