

**MEDICWORKS**  
**CE, FIRST-AID AND CPR TRAINING**  
**REGISTRATION FORM**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGENCY: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

**CLASS INFORMATION:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

INSTRUCTOR (IF KNOWN): \_\_\_\_\_

---

**CLASS INFORMATION:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

INSTRUCTOR (IF KNOWN): \_\_\_\_\_

---

**CPR/FIRST AID/BBPATHOGEN COURSE: \$45.00 PER STUDENT.**  
**(CASH, CHECK, MONEY ORDER, CREDIT CARD, BUSINESS P.O.)**

**RETURN FORM AND PAYMENT, BILLING INFORMATION TO:**  
**MEDICWORKS 10220 N. NEVADA STREET, SUITE 290, SPOKANE WA 99218**

**QUESTIONS: CONTACT MEDICWORKS AT 509-954-6555**

**MEDICWORKS.ORG**