INSTRUCTIONS:
1. 'Fill out' the form.
2. 'Download' with your changes.
3. 'Save' to your computer.
4. 'Email' the completed form to: lorena.smith@plattehealth.com

BATCH REGISTRATION FOR CPR AND/OR FIRST AID CLASS(ES) - PLATTE COUNTY HEALTH DEPARTMENT

		Registering for which class? (Mark with an 'X')					
Attendee Name	**Date of Class(es)**	**CPR ($60 per attendee)**	**First Aid ($30 per attendee)**	**Child Care Provider? Yes or No**	**MOPID (if Child Care Provider)**	**Need BLS Certification? (Healthcare Provider) Yes or No**	**Class(es) required by employer? Yes or No**

To Whom Shall PCHD Send Invoice:		**Company Name:**	
Email Address:		**Address:**	
Phone Number:		**City, State, Zip:**	