



**Cardio Partner Resources**  
Keep Learning to Keep Living

**COURSE DATE:** \_\_\_\_\_

**COURSE NUMBER:** \_\_\_\_\_

**COURSE LOCATION:**

COMPANY: \_\_\_\_\_

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

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

**TIME:**

Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs: \_\_\_\_\_

**COURSE INFO** (Circle One)

BLS For HealthCare Providers

Pediatric First Aid      First Aid

First Aid/CPR/AED      CPR/AED

Student/Manikin: 1:1    2:1    3:1    4:1

**TOTAL ATTENDANCE:**

C: \_\_\_\_\_ R: \_\_\_\_\_ I: \_\_\_\_\_

**SEND CARDS TO:** \_\_\_\_\_ **Check if address is the same:**

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

	INSTRUCTOR	HRS	RATE	PD
LEAD:				
ASST:				
ASST:				
ASST:				

(ADMIN USE ONLY)

INVOICE DATE: \_\_\_\_\_

INVOICE NUMBER: \_\_\_\_\_

**TRAINING CENTER USE:**

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines.

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE