



2010 Heartsaver AED & First Aid

Registration Information
AHA Heartsaver & First Aid

This form is for your reference; please DO NOT submit it with your completed registration form. Thank you.

To Register:

1. Complete the attached registration form and send to:
Health Educators, Inc.
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
2. You will receive a confirmation within 48 hours after we receive your completed registration form.

How to Prepare for your Course:

1. Obtain a book from your nurse manager or educator for your unit.

Cancellation Policy:

1. Cancellations or reschedule requests must be received 48 hours prior to your scheduled class:
Phone: 804-553-0460
Fax: 804-553-0463
Email: info@healtheducatorsinc.com
2. If you fail to show or notify us of a change for a registered session, BSR will be charged the full participation fee.

Course Location:

Health Educators, Inc.



2010 Heartsaver AED & First Aid

Registration Form
BSR Employees

Audience: Designed for employee training at companies, corporations, businesses or other entities. For employees and/or designated first responders who have a duty to respond to a first aid or cardiac emergency because of job responsibilities or regulatory requirements.

Text: (required) H/S First Aid with CPR & AED Student Book, book code: 80-1058

Course Dates: Please select your two choices.

1st choice _____ 2nd choice _____

Heartsaver AED First Aid
(please indicate which class you would like to take)

Jan 16 (Sat)	Mar 20 (Sat)	Jun 16 (Wed)	Aug 21 (Sat)	Nov 13 (Sat)
Jan 20 (Wed)	Apr 17 (Sat)	Jun 19 (Sat)	Sep 15 (Wed)	Nov 17 (Wed)
Feb 17 (Wed)	Apr 21 (Wed)	Jul 17 (Sat)	Sep 18 (Sat)	Dec 11 (Sat)
Feb 20 (Sat)	May 15 (Sat)	Jul 21 (Wed)	Oct 16 (Sat)	Dec 15 (Wed)
Mar 17 (Wed)	May 19 (Wed)	Aug 18 (Wed)	Oct 20 (Wed)	

Course Hours: CPR - 9 a.m. to 12:30 p.m.; First Aid – 1 p.m. to 4 p.m.

Location: Health Educators, Inc.

Participant:

PLEASE
PRINT

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

() () ()
Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

SMH SFMC MRMC RCH BSR Healthsource Other _____
Hospital (choose one)

MD PA RN RT LPN Medic Other: _____
Job Title (choose one)

-
Cost Center _____ Department _____

Nurse Manager or Directors Information:

Nurse Manager's Name (Please Print) _____

Nurse Manager's Phone Number _____ Nurse Manager's Email _____

Cancellation: If you fail to show or notify us of a change for a registered session, BSR will be charged the full participation fee.

Confirmation will be emailed to you within 48 hours - if you do NOT receive a confirmation please call our office

Phone: (804) 553-0460 • Fax: (804) 553-0463 • Email: info@healtheducatorsinc.com • Website: www.healtheducatorsinc.com