



REGISTRATION FORM

Your registration form and check payable to H.E.R. must arrive at least **two days prior** to the class date. Mail check to: **H.E.R., Inc., Conant Community Health Center, 5 Wally Krueger Way, Bridgewater, MA 02324.**

Name: _____

Address: _____ City: _____ Zip: _____

School/Employer: _____ Phone: _____

Email: _____



View our course schedule online at www.her-cpr.com or call (508) 697-5800 for dates and times.
Please insert the date in the corresponding course below.

Heartsaver CPR & AED

Month/Day _____ Course Fee..... \$60.00 \$ _____
 Textbook Fee \$15.00 [optional] \$ _____

Heartsaver CPR & AED Practice Session & Skills Test-eLearning Course

Month/Day _____ Course Fee..... \$50.00 \$ _____

Basic Life Support for Healthcare Providers-Initial Certification

Month/Day _____ Course Fee..... \$70.00 \$ _____
 Textbook Fee \$15.00 [optional] \$ _____

Basic Life Support for Healthcare Providers-Renewal Certification

Month/Day _____ Course Fee..... \$60.00 \$ _____
 Textbook Fee \$15.00 [optional] \$ _____

Basic Life Support Practice Session & Skills Test-eLearning Course

Month/Day _____ Course Fee \$50.00 \$ _____

Pediatric First Aid

Month/Day _____ Course Fee..... \$60.00 \$ _____
 Textbook Fee \$15.00 [optional]

Basic First Aid

Month/Day _____ Course Fee..... \$60.00 \$ _____
 Textbook Fee \$15.00 [optional]

Combo: Heartsaver CPR & AED & Pediatric First Aid

Month/Day _____ Course Fee..... \$100.00 \$ _____
 Textbook Fee \$15.00 [optional]

TOTAL DUE \$ _____