



SBE TRAINING CENTER CERTIFICATION PROGRAM CPR & FIRST AID/REFRESHER

CPR/FIRST AID

NOVEMBER 20, 2012 8:00 AM - 12:00 PM

**\$45 SBE REGULAR MEMBERS
\$45 PROFESSIONAL & ASSOCIATE MEMBERS**

CPR/FIRST AID REFRESHER

NOVEMBER 20, 2012 1PM – 3PM

**\$45 SBE REGULAR MEMBERS
\$45 PROFESSIONAL & ASSOCIATE MEMBERS
\$50 NON-MEMBERS**

AT THE SBE TRAINING CENTER, 2985 INNSBRUCK DR., REDDING



CAL-OSHA REQUIRES A CPR/FIRST AID TRAINED AND CERTIFIED EMPLOYEE ON ALL JOB SITES!!

REGISTER Simply complete this form and submit payment
FAX (530) 222-1918

MAIL SBE Training Center, 2985 Innsbruck Dr., Redding CA 96003

Name _____ Title _____

Company _____

Billing Address _____

Phone _____ Fax _____

Email _____

Method of Payment Bill my SBE Account Check Enclosed MasterCard Visa

Credit Card # _____ Exp. Date _____

Signature _____ CVV Code: _____

This Standard First Aid Course is designed to provide skills in first aid and accident prevention.

Students will learn Adult CPR, rescue breathing and choke saving, how to treat severe bleeding, fractures, bee stings, burns, etc.

YOU NEED TO RENEW YOUR CERTIFICATION EVERY TWO YEARS

****Upon successful completion, students will receive an Adult CPR and Standard First Aid Certificate from Medic First Aid.***

REGISTRATION/CANCELLATION POLICIES

Non-Members MUST pay in advance to reserve their space(s). All registration is on a 1st come 1st serve basis until the seminar is full. Late cancellation fees will be billed at 50% of the seminar price. No shows will be billed at full seminar price. To avoid being billed you must cancel by 5:00 PM no later than 5 business days prior to training.

MULTIPLE ATTENDEES: List names of all attendees.

Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher
Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher
Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher
Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher
Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher
Name _____	<input type="checkbox"/> CPR/FA	<input type="checkbox"/> Refresher

