

**Your Privacy**

The information that you provide when you register for a course will *not* be used to create individual profiles, nor do we disclose this information to anyone outside of Vital Via ~~g~~ \* ~~U~~ ~~o~~ ~~g~~ ~~h~~ ~~i~~ ~~.~~ The information is gathered for the purpose of confirming your registration, establishing course participant lists, and updating the Vital Via ~~g~~ \* ~~U~~ ~~o~~ ~~g~~ ~~h~~ ~~i~~ ~~.~~ Mailing List Database only.

As electronic systems and e-mail are not secure information transmission methods, it is not recommended that sensitive personal information be transmitted electronically (i.e., credit card numbers). A deposit (cheque) must be made at time of registration. Course registrations may be made by calling (519) 389-3660 or 1-800-260-8560.

[Privacy Policy](#)

~~JITAL HF5-B-B; D5 FHB9FG'F9; -GHF5 HCB: CFA~~

NAME: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_

PHONE # \_\_\_\_\_

HAVE YOU TAKEN A COURSE FROM US BEFORE? \_\_\_\_\_

CUSTOMER I. D. # \_\_\_\_\_

AGE GROUP: \_\_\_\_\_ \*\*

REASON FOR TAKING COURSE: \_\_\_\_\_ \*\*

COURSE NAME: \_\_\_\_\_

COURSE DATES: \_\_\_\_\_

COURSE TIMES: \_\_\_\_\_

COST: \_\_\_\_\_ DEPOSIT PAID: \_\_\_\_\_ \*\*

SIGNATURE: \_\_\_\_\_

\*\*SEE BACK OF PAGE FOR MORE INFORMATION

TO REGISTER (deposit must be included): 1. MAIL TO: VITAL TRAINING PARTNERS P.O. BOX #357 PORT ELGIN NOH 2C0 OR 2. CALL (519) 389-3660 or 1-800-260-8560(deposit by visa #) OR 3. E-MAIL US [vitalsigns@bmts.com](mailto:vitalsigns@bmts.com) (deposit by visa #) OR 4. FAX: (519) 389-5458 (deposit by visa #)

**AGE GROUP:**

- |    |      |       |       |       |
|----|------|-------|-------|-------|
| 1. | 0-14 | 4.    | 35-44 |       |
|    | 2.   | 15-24 | 5.    | 45-54 |

3. 25-34

6. 55-55+

**REASONS FOR TAKING THE COURSE: (PUT GROUP NUMBER ON OTHER SIDE)**

- 1. HEALTH CARE PROFESSIONAL (RPN, RN, LAB TECH, ETC.)
- 2. EMERGENCY SERVICES PROFESSIONAL (LIFEGUARD, FIREFIGHTER, ETC)
- 3. TEACHER/TRAINER
- 4. DAY CARE WORKER
- 5. DESIGNATED FIRST AIDER FOR THE WORKPLACE
- 6. FAMILY INTEREST
- 7. GENERAL INTEREST
- 8. RED CROSS EMPLOYEE
- 9. RED CROSS VOLUNTEER
- 10. STUDENT

**DEPOSIT REQUIRED: (CHEQUE OR VISA)  
(PARTICIPANTS ARE NOT REGISTERED UNTIL DEPOSIT IS RECEIVED)**

- |   |          |         |
|---|----------|---------|
| 1. STANDARD FIRST AID WITH CPR            |          | \$30.00 |
| 2. STANDARD FIRST AID WITH CPR RETRAINING |          | \$15.00 |
| 3. HEARTSAVER/INFANT-CHILD CPR            | \$15.00  |         |
| 4. BASIC RESCUER CPR                      | \$20.00  |         |
| 5. BASIC RESCUER CPR RETRAINING           |          | \$15.00 |
| 6. CHILDSAFE WITH INFANT/CHILD CPR        |          | \$20.00 |
| 7. BABYSITTING                            | \$15.00  |         |
| 8. EMERGENCY FIRST AID WITH CPR           |          | \$30.00 |
| 9. FIRST RESPONDER                        | \$110.00 |         |
| 10. FIRST RESPONDER RETRAINING            | \$30.00  |         |

**PAYMENT OF DEPOSIT BY VISA, (*VISA ONLY*)**

CARD# \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME ON  
CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_