



Certified CPR/AED Course Registration Form

Company: _____
 Address: _____
 Country: _____ Postal Code: _____
 Contact person: _____ Designation: _____
 Email: _____
 Contact number: (Office): _____ (Mobile): _____

Course Date

<input type="checkbox"/>	17 th January 2020, (1.30PM – 5.30PM)
<input type="checkbox"/>	7 th February 2020, (9.00AM – 1.00PM)
<input type="checkbox"/>	21 st February 2020, (1.30PM – 5.30PM)
<input type="checkbox"/>	6 th March 2020, (9.00AM – 1.00PM)
<input type="checkbox"/>	20 th March 2020, (1.30PM – 5.30PM)
<input type="checkbox"/>	3 rd April 2020, (9.00AM – 1.00PM)
<input type="checkbox"/>	17 th April 2020, (1.30PM – 5.30PM)

Participant Details

S/N	Full Name* <i>(as per NRIC / Passport)</i>	NRIC / Passport No <i>(foreigners only)</i>	Date of Birth	Contact No	Email Address	Designation
1						
2						
3						
4						
5						

**Certificate will be printed according to this name provided. Additional fees charged for reprinting of certificate will apply.*

**Minimum charges of SGD 107.00 applied for class cancellation less than three days before class commencement*

Payment Instruction

No. of Participants	
Unit Price	
Total Amount Chargeable	
Purchase Order No.	
<u>Internal Use Only</u>	
Sales Invoice No:	
Cheque/Receipt No.:	

With Compliments

No. of Participants	
Purchase Order No	
No. of AED purchased	
Coupon Serial No.	
<u>Internal Use Only</u>	
Checked & Verified By (Name & Signature)	

Training Venue

SHF-Life Insurance Association Heart Health Hub	
190 Middle Road #04-34 Fortune Centre S(188979)	
Nearest Bus Stop	
Bus 980 and 56	Walking 1 mins from bus stop B07518
Nearest MRT station	
Rochor MRT Station	Walking 5 mins from Exit A to here