

On-site Certified CPR/AED Course Registration Form

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

Course Date

Training Venue

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						
6						

**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 cancelation less than three days before class commencement*

Payment Instruction

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

With Compliments

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

Authorized By

By: _____
 Title: