

**BLS-CPR Registration Form**

Please email to svanderzee@lh.ca once complete.

Please use one form per registrant.

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Email: |  |
| Program: | Queen’s University Trainee |

***I would like to attend:*** (please list 3 course dates in order of preference)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Registration Payment ($75): No Cash Payments Allowed**

🞏 **By Cheque** – Please make payable to Lakeridge Health and bring to your course

🞏 **By Credit Card** (You may also call ext 4370 and provide your credit card number)

 Card Type: 🞏 Visa 🞏 Mastercard

 Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: Once payment processed, CEPCP will shred your card number

**Please note, Heart and Stroke does not provide paper/plastic provider cards.**

**E-cards are available on individual providers portals.**

**Email address is required for the Heart and Stroke portal.**