



COURSE REGISTRATION FORM

Please be advised that if at least 6 people are not registered or if a local disaster affects our ability to conduct the training, the class may be cancelled. You will not be contacted unless course is cancelled.

Have you taken an American Red Cross certification course since January 1, 2007? Yes No

Participant #1 (use legal name only)

If you are not already registered on our online learning management system, you'll need a user name. You can choose your own. We suggest you use your e-mail address for easy reference. PLEASE PRINT LEGIBLY.

Username for online learning management: _____

Your Account Password is: **Welcome1**

First Name M.I. Last Name

E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. (main): _____ Tel. (alternate): _____

<u>Course Name</u>	<u>Date(s)</u>	<u>Fee</u>
_____	_____	_____

Additional Participant(s):

If you are not already registered on our online learning management system, you'll need a user name. You can choose your own. We suggest you use your e-mail address for easy reference. PLEASE PRINT LEGIBLY.

Username for online learning management: _____

Your Account Password is: **Welcome1**

First M.I. Last

Username: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. (main): _____ Tel. (alternate): _____

<u>Course Name</u>	<u>Date(s)</u>	<u>Fee</u>
_____	_____	_____

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