



**IMPORTANT**

To enable us to provide a quality course on your site, please indicate what is available on your site:

**Training Room – Please fill out all information below.**

An area with adult seating, tables and chairs \_\_\_\_\_

Large Area for practicing First Aid / CPR \_\_\_\_\_

Lockable room \_\_\_\_\_

Washroom Facilities \_\_\_\_\_

**Training Needs**

Black/whiteboard and eraser \_\_\_\_\_

Data projector/Laptop \_\_\_\_\_

**Parking**

Available on premises \_\_\_\_\_

Street or Staff Parking (Paid/Unpaid) \_\_\_\_\_

**Other**

Lunch will be provided / Provide own lunch \_\_\_\_\_

**There is NO SMOKING in all Okanagan First Aid Training Courses. Please advise participants to wear comfortable clothing and to bring two (2) large towels to the training session.**

Please complete and return a **minimum of ten (10) working days** before your selected dates.  
Your enrolment will be **confirmed** by e-mail in **two (2)** working days.

**Type of Course:**

.....  
**Cost** Per Head \$ ..... **OR** Onsite Group fee \$ ..... **No of Participants** ..... (min 8 people)

**Dates of Course**

**1st Pref** ..... Time/s ..... to

.....  
**2nd Pref** ..... Time/s ..... to

**Company Name**

.....  
**Address of Class**

.....  
**Parking Arrangements for Trainer**

.....  
**Contact Person and Authority**

Contact (Day of course) .....

Contact.....\_Phone .....\_Fax .....

E-Mail .....

Name of Authorizing Person .....

**Payment Link will be emailed once receipt of application processed**

Credit Card

Mastercard \_ Visa \_ AMEX

Card Number ..... / ..... / ..... Expiry Date..... / .....

CCV.....

Name on Card .....

Signature .....

**Return Details** please return this enrolment for to; [info@okanaganfirstaid.com](mailto:info@okanaganfirstaid.com)