



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