

Registration Form

**Putnam Health & Fitness Center
American Heart Association Healthcare Provider CPR Course
July 28, 2018 – 2:00 PM to 5:00 PM**

Name: _____

Cell Phone: _____ **Email Address:** _____

Name of Organization (*If applicable*) _____

I am paying the \$40.00 CPR Course fee by ____ *Credit Card* ____ *Check* ____ *Cash*

Signature of registrant: _____

Email the completed registration form to: info@putnamhealthfitnesscenter.com
or print and mail to: Putnam Health & Fitness Center - 213 Perry St., Pomona Park, FL 32181
For more information or questions call: 386-649-8784