

**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](mailto: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