



## How to Register

**Phone Registration:** Call (360) 737-8910 Visa, MC, Debit cards are accepted.

**Fax Registration:** Complete registration form and Fax to: (360) 737-4144.

**Mail Registration:** Complete registration form and mail with check, money order, or credit card information to:  
**Northwest Health & Safety Inc.**  
**6300 NE St James Road Suite 107**  
**Vancouver, WA 98663**

- **You must pre-register to attend classes.** In order to guarantee a space in the class of your choice, registration with payment should be made at least two weeks in advance of the course. Class space is limited, register early.
- **You may audit (participate without written or skills testing) in any class without receiving certification.** You may deduct \$5.00 from any class fee to audit. No certification card or continuing education credit will be given.
- **Classes with low enrollment (less than 5 students) may be cancelled.** If Northwest Health & Safety Inc. cancels a class, we will promptly notify you. Every effort will be made to reschedule your training.
- **Course confirmations** will be sent by e-mail or fax if that information is included on your registration.
- **Do not bring young children or unregistered guests to class.** Children under 13 taking a CPR or First Aid class must be registered and attend with an adult.

### Rescheduling Policy

- Cancellations received **at least 1 week prior to the start of class** will be eligible for a refund less a \$10.00 service fee.
- Cancellations received **with less than 1 weeks notice, but at least 24 hours prior to class** will not be issued a refund, but can reschedule with a \$5.00 service fee.
- Cancellations received **with less than 24 hours notice and "no shows"** will not receive a refund or a credit to reschedule.

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**REGISTRATION FORM**

**Name:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax Number:** (\_\_\_\_\_) \_\_\_\_\_ **e-mail:** \_\_\_\_\_

Course Title	# of Students	Class Date	Time	Course Fee

### Payment Information (payment must be received with registration form)

\_\_\_ Check/Money Order (payable to: Northwest Health & Safety Inc. CK# \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_)

\_\_\_ Visa/Master Card: Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp.: \_\_\_\_/\_\_\_\_ CVV2: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**I have read and understood the above terms and conditions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Registered:** \_\_\_\_\_ **Mailed or Faxed Copy:** \_\_\_\_\_