



Lifesaver 101 First Aid & CPR Training Inc.

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Program Confirmation Form
(ALL FIELDS MUST BE COMPLETED)

Date: _____
Client: _____
Contact Person: _____
Phone: _____ ext: _____ Fax: _____
Billing Address: _____
Postal Code: _____
Email: _____

PROGRAM OPTIONS (please select one)

*Standard First Aid & CPR 13 hours *Emergency First Aid & CPR 6.5 hours
*Child Care First Aid & CPR 4 hours *CPR recertification (approx 3 hours)
*CPR/AED 5-6 hours

CPR Level (**circle one**): B (Adult & Child) or C (Adult, Child & Infant)

Number of Participants: _____ Minimum # _____ Cost per person: \$ _____ plus HST (13%)

When (dates): _____ Hours (times): _____

Course held at: _____

Major intersection: _____

Parking arrangements (one must be checked): Provided: _____ Reimbursed: _____

Parking/Entrance comments: _____

Contact person/cell phone (day of the course): _____

Can you provide: white board/flipchart _____ TV/DVD player _____ small table _____

Binding Agreement: A minimum billing of 10 participants within the GTA, 15 minimum outside the GTA, (unless otherwise agreed upon), not including costs for overnight stays. Cancellation of off site courses require a 7 day advanced notice, from program date, or a 50% billing of confirmed participants + HST will be applied. All programs booked using Lifesaver 101's training facility, require a 3 week advance notice for cancellations, or the same as above 50% billing will apply.

Signature: _____ Date: _____

*****Please return document to Lifesaver101 via Fax or Email*****

Fax: 416-538-5900 or Email: info@lifesaver101.com

How did you hear about us (Circle one):

Yellow Pages - Internet - Publication - Word of Mouth - Your Company/School or Other _____