



# Registration Form

Name (First & Last): \_\_\_\_\_

From (Company): \_\_\_\_\_

Course Name: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

(Evening) \_\_\_\_\_

Offered On (Date): \_\_\_\_\_

Additional Comments:

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Cancellations or rescheduling requests must be made at least seven (7) working days before the start of the course. If cancellations or rescheduling requests are not made at least seven (7) working days before the start of the course, the registrant will be charged in full for the course costs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing Goodwin First Aid Services! **To ensure your enrollment, please fax completed form to: (403) 254 - 9501.**

12 Midridge Bay SE, Calgary, AB. T2X 1E7  
Phone: (403) 259-6871, Fax: (403) 254-9501  
Email: [info@goodwinfirstaid.com](mailto:info@goodwinfirstaid.com)