

Cardiopulmonary Resuscitation (CPR) Training Request Form



Please complete this form, scan and email to: info@theartofcpr.com and someone will contact you.

Company Name: _____

Company Address: _____

Preferred Training Date: _____

Date should be two weeks from the date of this form.

of Students / Participants: _____

Please check all that apply:

- 1. CPR training is new to our team.....
- 2. This request is for CPR certification renewal.....
- 3. We prefer onsite training.....
- 4. We will come to The Art of CPR training site,
but would like training tailored to our team.....

We are requesting CPR training for:

- OSHA requirements
- Child Care / Day Care Providers
- Health / Dental Care Provider
- Business Teams / General Community

Thank you for your interest in our CPR training. Please include your contact information and someone will contact you.

Name: _____ Phone: _____

Email: _____

Our trainings are based on the American Heart Association (AHA) guidelines.

