



Non-Arc Employee RSVP FOR TRAINING

From: _____
Name Contact number Email address

Please fill out a separate RSVP form for each training if registering for more than one (1).

Please place an X in the box next to the class you wish to attend:

- First Aid (3 year certification) – Cost: \$13.00
- CPR & AED (2 year certification) – Cost: \$13.00

TOTAL AMOUNT DUE: \$ _____

Please check the training calendars and then complete the following information for the training you selected:

Date: _____
Time: _____
Place: _____

RETURN THIS FORM TO: ZALENA GILES BY EMAIL, FAX, OR MAIL.

ZGILES@ARCNCR.ORG OR 410-836-2174 (FAX)

OR 4513 PHILADELPHIA ROAD, ABERDEEN, MD 21001

SPECIAL NOTES:

- **CPR Training:** Please wear comfortable, non-revealing clothing and no lipstick/balms.
- In the event of **inclement weather** or other possible emergencies that may result in the cancellation and/or change in time or location of scheduled classes, please call main number and listen to message posted.

**** Important: Please come to class on time. You will not be allowed into the class if you arrive late. ****

**IF YOU ARE REGISTERING, YOU MUST COMPLETE THE FOLLOWING
BEFORE YOU WILL BE REGISTERED FOR THE CLASS:**

As a non – employee of The Arc NCR, I understand that I am responsible for reimbursing The Arc NCR for the cost of the training materials for which I have registered. Payment is to made payable to The Arc Northern Chesapeake Region prior to the start time/date of the training.

X _____ Signature of registrant

- ___ You are confirmed to attend the training on the date and time indicated above.
- ___ The training you have selected is full. Please select another date and time.

Other Notes: _____