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| **www.safetyandcpr.com**C:\Users\safet\AppData\Local\Microsoft\Windows\INetCache\Content.Word\uscs qr code.png | USC – Universal Safety and CPR  (310) 386-5844 ph. / email: safetyandcpr@att.net |

# Student Course Enrollment Form – Please complete form (online fillable)

## Student Information

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| --- | --- | --- | --- |
| Full Name: |  |  |  |
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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone: |  | Mobile Phone: |  |

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| --- | --- |
| Personal Email |  |
|  |  |

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| --- | --- | --- | --- |
| Course Location | 1500 Rosecrans Avenue, #500 | City, State, Zip | Manhattan Beach, Ca 90266 |

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| --- | --- |
| Course Title | Pediatric First Aid CPR with AED and Bloodborne Pathogens |

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| --- | --- | --- | --- |
| Start Date/Time | TBD - 9am | Course Fee: | Pediatric First Aid with H & S and Nutrition 16hr. = $160 |

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|  | Pediatric First Aid 8 hr. = $95.00 |  | Preventative HS with Nutrition 8hr. = $95 |

## PAYMENT INFORMATION

Billing Address On file Billing Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type:  Visa  MasterCard  AMEX  Discover  ATM  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_  3 Digit CVC Security Code \_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_  Cash  Company Check  \*Note: No personal checks accepted |

SIGNATURE DATE

I authorize the USC- Universal Safety and CPR to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for **one time use only**. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.