

Registration Form for Classes (First Aid, CPR, Medication, Epi-pen)

Name: _____

Address: _____

Phone: _____

Email: _____

Employer: _____

Course Name: First Aid CPR Medication Epi-pen
(Please circle the appropriate course)

Location of Course: _____

Date of Course you are attending: _____

Please mail the Registration form with payment to:

Nurse Consultants LLC
155 Windermere Ave Unit 2602
Ellington, CT. 06029

860-500-9042

Email: info@nurseconsultantsllc.com
Website: NurseConsultantsLLC.com

Thank you for choosing Nurse Consultants LLC. We look forward to seeing you in class.

Sincerely,
Nurse Robin & Tony