

# Registration Form for CPR Certification Training

## STEP 1

Is this a change of Name or Address? \_\_\_ Yes \_\_\_ No

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

Address: \_\_\_\_\_  
Street Address

City State ZIP Code

@ \_\_\_\_\_  
E-mail Address

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

## CPR Certification Fees

Trinity Student (past or present) \$60 per person  
Non-Trinity Participant \$75 per person

**Late Registration Fee: \$50** Registration form and payment need to be received 7 days prior to the day of the training to avoid a \$50 late registration fee.

**Drop Fee: \$50** No drops will be accepted after the training begins to ensure trainer contract obligations have been met.

## STEP 2

Have you received credit from Trinity? \_Yes \_No

**DEGREE(S) HELD:** Please check those that apply to you:

\_\_\_ B.A./B.S. \_\_\_ M.A. \_\_\_ M.A.T. \_\_\_ M.Ed.  
\_\_\_ Ed.D./Ph.D. \_\_\_ J.D. \_\_\_ R.N. \_\_\_ Other

## STEP 3 Payment Method

(must be submitted to register)

\_\_\_ Personal Check\* \_\_\_ Money Order

**\*Make Checks Payable to Trinity Washington University**

Please complete below when paying by Credit Card:

\_\_\_ American Express \_\_\_ Discover  
\_\_\_ Master Card \_\_\_ Visa

Account Number: \_\_\_\_\_

Expiration Date: \_ \_ / \_ \_

**STEP 4** Please indicate the date and student status equivalent to the appropriate cost in the table below :

Training Title	<input checked="" type="checkbox"/> Choose 1 Date/Time	Trinity Location	<input checked="" type="checkbox"/> Choose appropriate status
CE 105: CPR Certification	<input type="checkbox"/> Sat., Jan. 21, 2012: 1 pm – 3 pm	Jan. 21 = Main Hall, Room 100	<input type="checkbox"/> Trinity Student \$60
	<input type="checkbox"/> Sat., Mar. 24, 2012: 10 am – 12 pm	Mar. 24 = Room TBD	<input type="checkbox"/> Non- Trinity Participant \$75
<b>Total →</b>			

## STEP 5

I understand that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. If I withdraw, I must do so in accordance with the policies and procedures for the semester in which I am enrolling. I understand that if my account becomes delinquent, I will be liable for collection of legal costs. My signature below is approval for the release of my progress card to my address above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STEP 6**  
**Return this form with payment to:** Trinity – Office of Continuing Education (Main 228) Telephone: 202-884-9300  
125 Michigan Avenue, N.E. Washington, D.C. 20017 Fax: 202-884-9084