



Cardiopulmonary Resuscitation (CPR) Course REGISTRATION Form

For more information call or email
336-766-4017 | Dos@Triadbiz.rr.com

Friday, Dec. 2, 2011
9:00 AM - 12:00 PM
Registration begins at 8:30 AM

4168 Clemmons Road
Clemmons, NC 27012
Phone: 336-766-4017
Fax: 877-840-4367
Email: Dos@Triadbiz.rr.com

Name _____
Specialty _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Date _____

For which course date(s) are you registering? _____

Check enclosed Credit card

Card type (circle one): Visa / Mastercard / American Express

Card # _____ Exp _____ Security Code _____

Card billing address _____

City _____ State _____ Zip _____

Course Fee _____ Signature _____ Date _____

Contact Information
Payment

Please make checks and money orders payable to:
Dental Office Solutions
c/o Tuition Processing
4140 Clemmons Road PMB #309
Clemmons, NC 27012



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