

CPR AED & Safety Education Entrepreneurial Course Request

| Today's Date | | | | | |
|--|---|--------------|-------------------------|------------|---------------------|
| | | | | | |
| Your Name | | E-mail | | | |
| | | | | | |
| Class you are requesting: Select from Drop Down Men | J | | | | |
| Class type comments: | | | of expected stude | | |
| | | This will be | e the number of exam UR | Ls that yo | |
| Date of Class Session 1 | | Time Start: | Military Time HH:MM | End: | Military Time HH:MM |
| Date of Class Session 2 | | Time Start: | | End: | |
| Instructor 1 | | | | | |
| Instructor 2 | | | CASE Instructor? | | |
| Instructor 3 | | | CASE Instructor? | | |
| Instructor 4 | | | CASE Instructor? | | |

Instructors not previous associated with CASE must have their email, phone number, address, and email address added below in comments. Copy (front and back) of their instructor card must also be submitted to <u>Case.course.manager@gmail.com</u>.

| Your ph. # w/area code | | |] |
|------------------------|--------|-----------|---|
| Training Location Name | | |] |
| Address 1 | | |] |
| Address 2 | | |] |
| City | State: | Zip Code: | |

| How will books be issued to students? Where are you getting equipment for the class? | | organization will provide eed to Rent/borrow from CASE | | | | | |
|---|---------|---|---------------------|--|--|--|--|
| | O Other | | | | | | |
| Do you need to rent the video from CASE? | O Yes | 🔿 No | | | | | |
| How many of the following are you requesting? (Leave blank if none) | | | | | | | |
| Adult Manikins | | Infant Manikins | | | | | |
| Child Mankins | | AED Trainer | | | | | |
| Adult BVM | | Infant BVM | | | | | |
| Child BVM | | Training Mouth Pieces | | | | | |
| Adult Pocket Face Masks | | Infant Pocket Face Masks | | | | | |
| Adult Lungs | | Infant Lungs | | | | | |
| Child Lungs | | Student books | | | | | |
| First Aid Supplies how many people | |] | | | | | |
| When would you like to pick up? | | Time: | Military Time HH:MM | | | | |
| Estimated Return Date: | | Time: | | | | | |

Comments