

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