

Participant Information Form

First Name:	Last Name:
Francii Andalyana	
Email Address:	
Telephone:	
Mailing Address:	
Town /City	Postal Codo:
Town/City:	Postal Code:

Please return this form to the City of Dauphin, along with your payment (cash, debit or cheque) in order to be registered for the Standard First Aid/CPR-C (AED) seminar.

You will receive an email from firedepartment@dauphin.ca within 24 hours of received payment advising you that your spot in the class has been secured.