LEARN INFANT CPR!

YOUR BABY DEPENDS ON YOU!

Expectant parents, new parents, grandparents and siblings have a simple, convenient way to learn to perform infant CPR and to relieve choking thru the American Heart Association's Family & Friends Infant CPR training at Health First. This class is designed for people who don't require a course completion card to satisfy a work requirement, but still want to learn important life saving skills.

- Choking Relief
- Infant CPR
- Rescue Breathing

"...parents & caretakers are among the most important people to be trained in infant CPR..." said Monica Kleinman, MD.

Please view the reverse side of this flyer for course dates and times.

Price:
Price varies on number of people attending.

For more information email: Training@health-first.org or call (321) 434 1960

www.Health-First.org/Education
Infant CPR 2015

Please check the class that you will be attending:

<table>
<thead>
<tr>
<th>Health First Training Center</th>
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<tbody>
<tr>
<td>Saturdays 9 am to 11am</td>
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<tr>
<td>__ January 10 __ April 18 __ July 11 __ October 10</td>
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<tr>
<td>__ February 14 __ May 9 __ August 8 __ November 21</td>
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<tr>
<td>__ March 21 __ June 20 __ September 12 __ December 12</td>
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<tr>
<th>Palm Bay Hospital</th>
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<tr>
<td>Tuesdays 7 pm to 9 pm</td>
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<tr>
<td>__ January 20</td>
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<tr>
<td>__ March 17</td>
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Name (s) of attendants (Please print clearly first and last name(s)).:

__________________________________________

__________________________________________

Address: __________________________________ City________________ State____ Zip_______

Email: ___________________________________

Telephone: ________________________________

Course Fee(s) - Check all that apply:

___ Individual - $ 25.00    ___ Add Family/Friend $10.00 each x ______

Total Amount Due $ ______

Choose a payment method and fax to (321) 254-0795, scan/email to training@health-first.org, or mail your signed registration with payment:

_____ Check Please make check payable to: Health First Training Center

3470 N. Harbor City Blvd.

Melbourne, FL 32925

_____ VISA    _____ MASTERCARD    _____ DISCOVER    _____ AMEX

Card Number: __________________________________ Expiration Date: ________

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins to avoid forfeiting my course fee. A $10 administrative fee will be charged for ALL refunds.

Signature (required): ___________________________ Date: __________