



**Harbor Dental Society
CPR Course - 2019
BLS for Healthcare Providers**

JANUARY 16, 2019	JULY 17, 2019
FEBRUARY 13, 2019	AUGUST 14, 2019
MARCH 13, 2019	SEPTEMBER 18, 2019
APRIL 3, 2019	OCTOBER 16, 2019
MAY 15, 2019	NOVEMBER 13, 2019
JUNE 12, 2019	DECEMBER 11, 2019

ALL CLASSES ON WEDNESDAYS
Location: Harbor Dental Society
CPR Instructor: Jack Griswold
6:30:00-10:30:00 PM

Take advantage of this Harbor member benefit with a high caliber instructor who knows how to engage you and make learning fun. The registration fee for the BLS for Healthcare Providers course is **\$60.00** for HDS members and their staff **\$80** for non-members. You will receive four **(4) units of continuing education credit** upon completion of this class.

The instructor will grant certification in the program to participants when they are assured of the participant's skills in CPR, using the Heart Association standards.

These CPR courses are provided for HDS members and their staff only. Each course will accommodate 10 or so people. All CPR classes are held at:

HARBOR DENTAL SOCIETY
4010 Watson Plaza Drive, Suite 210, Lakewood, CA 90712
T. (562) 595-6303 F. (562) 426-4550 Email: Janet@HarborDentalSociety.org

CPR certification is valid for two (2) years. If you are due to apply for re-licensure, you must have taken a qualified, recognized Basic CPR Course previously.

Registration deadline is one week prior to the scheduled class. If you must cancel your reservation, you must do so by the Friday preceding the class to receive a refund. Advance registration is required.

Please register the following for the CPR course on: _____

NAME: _____ BIRTHDATE: _____

TELEPHONE: _____ CURRENT CARD EXPIRES: _____

STAFF NEED TO INDICATE THE HARBOR MEMBER EMPLOYER: _____

NAME: _____ BIRTHDATE: _____

NAME: _____ BIRTHDATE: _____

Check box: ☐ Visa ☐ MC ☐ Amex Credit card number: _____

Expiration Date _____ Zip Code _____

**PLEASE SEND IN THIS FORM (FILLED OUT) TO HDS WITH A CHECK
OR IF USING A CREDIT CARD, PLEASE WRITE CREDIT CARD NUMBER, EXPIRATION DATE AND ZIP CODE
OF BILLING ADDRESS.**