

INSTRUCTOR RENEWAL COURSE REGISTRATION

Name: _____ Tel: (H) _____ (C) _____

Email (print): _____

1. I am registering to participate in the refresher course on the following date and time:

- January 14th 1-4 pm March 9th 9-12 noon April 15th 9-12 noon
 February 17th 1-4 pm March 23rd 1-4 pm April 27th 5-8 pm

2. Attached is a copy (front & back) of my most recent BLS Instructor card. (All instructors must do)

- Done

3. Documentation of courses taught

- I teach several courses on a routine basis. (copies have been sent to LifeSavers)
 I have taught at least four (4) BLS courses in the last two (2) years.

Dates as follows: 1. _____ 2. _____
3. _____ 4. _____

4. Enclosed is my payment of \$ 40.00 (made out to LifeSavers) for the Renewal Course.

- Done

5. Instructor Status

- I do not wish to attend a renewal course at this time, my Instructor status is current through **08-2010**. My

Instructor status is valid and current until: (Month/Year) _____

- I do not wish to continue my alignment with LifeSavers. Please terminate all correspondence now.

Please return this form to:

**LifeSavers
2033 South Skyline Drive
Burnsville, MN 55337**

All courses will be held at:

Fairview Ridges Education Center
152 Cobblestone Lane
Burnsville, MN 55337

Tel: 952.890.6770
Cell: 612.987.5374
Email: lifesaversandy@gmail.com

Directions:

35w South – County road 42 exit – take left and remain in the left lane as you will take the 2nd left unto Nicollet Ave. North. Take a left on Cobblestone Lane (in front of Ridge Point Medical Building). Go to the 3rd building on the right side – Fairview Ridges Education Building. Park in the lot and the room will be posted inside.

(Please take a copy of this for your own information and records)

This Form and Payment due by January 8th, 2010