

*"Recipients of the 2012 BBEX Community Contribution Award"*

4734-42nd STREET  
LLOYDMINSTER, SK  
S9V 0E1



608 West Railway  
ROSTHERN, SK  
S0K 3R0

### WPD AMBULANCE

1072-103rd STREET • P.O. Box 1298 • NORTH BATTLEFORD, SK • S9A 3L8

• Information - 306-446-7309 • Fax - 306-445-4622 •

## Course Registration Form

Please complete all areas of this form. Registration for the course requested will not be accepted until payment has been received by our administration staff. You will receive confirmation of acceptance to the course giving all course details. Failure to complete all required information may result in your application being rejected.

**Please indicate what course you are interested in: (Please check the corresponding box)**

Standard 1<sup>st</sup> Aid/CPR  CPR "C" HCProvider  First Responder  Emergency Medical Responder

**If interested in Standard 1<sup>st</sup> Aid CPR please indicate the monthly courses you wish to enroll in:**

#### North Battleford dates:

January 11-12, 2018  
February 8-9, 2018  
March 8-9, 2018  
April 12-13, 2018  
May 14-15, 2018  
June 13-14, 2018  
July 11-12, 2018  
August 8-9, 2018  
September 12-13, 2018  
October 10-11, 2018  
November 7-8, 2018  
December 13-14, 2018

#### Lloydminster dates:

January 20-21, 2018  
February 5-6, 2018  
March 31-April 1, 2018  
May 26-27, 2018  
June 6-7, 2018  
July 25-26, 2018  
August 11-12, 2018  
September 5-6, 2018  
October 17-18, 2018  
November 14-15, 2018  
December 3-4, 2018

**\*\*Rosthern training is arranged on an as requested basis. Please call 306-232-5678 to speak with Kennedy or Trevor to make arrangements.**

**Participant Information (Please Complete Entire Section)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Employer Mandatory Course  (name of employer and contact e-mail for billing purposes)

Company Name: \_\_\_\_\_

Company Billing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

**Course Fees (INCLUDE 5% GST)**

Standard 1 <sup>st</sup> Aid/CPR	<b>\$157.50</b>
CPR "C" HCP	<b>\$94.50</b>
First Responder	<b>\$472.50</b>
Emergency Medical Responder	<b>\$945.00</b>

Please email or fax completed registration forms to:

WPD Ambulance (North Battleford)

Box 1298

North Battleford, SK S9A 3L8

(306) 446-7310 or fax (306) 445-4622

[www.wpdambulance.com](http://www.wpdambulance.com)

Email: [Jessica.stephens@wpdambulance.com](mailto:Jessica.stephens@wpdambulance.com)