

Register By Mail

Name of Course: _____

Date of Course: _____

Name of Participant: _____

Daytime phone number _____

Email address: _____

Cell: _____

Address: _____

City: _____

State: _____ Zip: _____

Check one: Visa M/C AMEX Check

Card # _____ - _____ - _____ - _____

Expiration Date: _____

Name on Card: _____

Mail this registration form in with your payment

Cancellation and Transfer Policy

- ✓ Any request for a transfer or refund must be made three full business days prior to scheduled course.
- ✓ Rescheduled training must occur within 30 days
- ✓ Please make sure that ALL above date(s) fit your schedule.
- ✓ \$10.00 Administrative fee is automatically deducted from refund
- ✓ There is a \$25.00 RETURN CHECK FEE

For courses mail your registration to:

American Red Cross/Greensboro

P.O. Box 14710

1501 Yanceyville Street

Greensboro, NC 27415-4710

(336) 333-2111