



# CCM FIRST AID COURSE GROUP REGISTRATION FORM

## 中信中心急救課程 團體報名表格 (8-10 participants)

CONTACT PERSON 聯絡人		GROUP INFORMATION 機構資料			CLASS INFORMATION 課程資料		
NAME 機構聯絡人姓名:		NAME OF ORGANIZATION 機構名稱:			Standard First Aid 標準急救 <input type="checkbox"/> (\$150/person, 2 days)		CLASS VENUE 上課地點: CCM (Burnaby) 中信中心(本拿比) <input type="checkbox"/> Organization Address 機構地址 <input type="checkbox"/> Other Location 其他地點: _____ <input type="checkbox"/>
PHONE 電話:		ADDRESS 機構地址:			Emergency First Aid 基本急救 <input type="checkbox"/> (\$90/person, 1 day)		
EMAIL 電郵:		RECEIPT 收據: Group 團體收據 (只發一張) <input type="checkbox"/> Individual 個人收據 (+\$5/person) <input type="checkbox"/>			Emergency Child Care 照顧兒童急救 <input type="checkbox"/> (\$100/person, 1 day)		粵語班 <input type="checkbox"/> 普通話班 <input type="checkbox"/> English Class <input type="checkbox"/>
							1 <sup>st</sup> CHOICE DATE(S): _____
							2 <sup>nd</sup> CHOICE DATE(S): _____
	LAST NAME 姓	FIRST NAME 名	AGE	GENDER	ADDRESS 地址 (選擇個人收據必須填寫)	PHONE 電話	EMAIL 電郵
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*\*Please note:* 1. An extra \$5/person administration fee will be charged to **ALL** participants for individual receipt option. 2. The names on the certificates will be printed according to the names provided on this form. Please use a **unique personal email address** for each participant. A \$20 processing fee will be charged to re-issue any certificate due to incorrect information provided. 3. A course delivery fee of \$30 will be added to any course held outside of CCM Centres. 4. Please email the completed form(s) to [wchan@ccmcanada.org](mailto:wchan@ccmcanada.org) and [echun@ccmcanada.org](mailto:echun@ccmcanada.org). 5. For inquiries, please call 604-877-8606 (Burnaby Office) or 604-285-0552 (Richmond Office).

*Updated: Aug 14, 2020*

<b>FOR OFFICE USE</b>	TOTAL RECEIVED:	PAYMENT METHOD: CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DEBIT <input type="checkbox"/>	RECEIPT #:	DATE:
-----------------------	-----------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-------