



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

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

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