

Recertification



2 CEU's

\$25 per person

Time: 5:30pm Dinner
6:00pm Presentation

Contact Information:
Nancy Alvarado 760-466-3994

Location: NCOFSC- Classroom
839 East Grand Avenue
Escondido, CA. 92025

Payment Options: ☐ Visa ☐ Master Card ☐ Discover

Card Number: _____ Exp Date: ____/____

3 or 4 Digit Code On Back Of Card: _____

Name On Card (print) X Card Holder Signature

☐ Make Checks Payable to: North County Oral & Facial Surgery "CPR"

The evening will include Dinner, CPR Lecture, Hands on training
and AHA's CPR examination and 2 CEU's.

PLEASE CIRCLE WHICH DATE IS BEST FOR YOU AND LIST ATTENDEE'S:

WED. FEB 29TH, 2012 OR THURS. MAR 29TH, 2012 OR THURS. APR 26TH, 2012

Please print names clearly Office of: _____ Phone # _____

Confirmation email address: _____

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Fax to: 760-432-0179 or mail to: 839 East Grand Avenue Escondido, CA 92025