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| --- | --- |
| **First name:** |  |
| **Last Name:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |
| **Address:** |  |
| **Agency:** |  |
| **Position/title:** |  |
| **Please Select a Class Date:** | * Feb. 20th, 2016 -Orcas Island * March 5th, 2016- Shaw Island * April 2nd, 2016- Lopez Island * May 14th, 2016- San Juan Island |

**PALS & NRP Course**

**Registration Fee $25.00**

Pay by check, PayPal, or you can request an invoice)

Please email your completed form to: [Heather@northregionems.com](mailto:Heather@northregionems.com)