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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