



CONVENTION 2017



ADULT AND CHILD AMERICAN RED CROSS CPR/AED 2 YEAR CERTIFICATION REGISTRATION

I am registering for the course being held on:
Sunday, March 5, 2017 from 10:00 AM to 12:00 Noon
to will be held in the Mattituck Room

Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell _____

Email _____

Check Number _____ enclosed (make check payable to LIJSL)

**Please mail registration and \$60 check to
LIJSL, 701-9 Koehler Avenue, Ronkonkoma, NY 11779**

Your registration must be accompanied with a check in order to reserve a space

Registration is limited, please mail your application early!