

Register by mail, phone or e-mail:

Hudson Hospital & Clinics
Attn: Diane Wetzstein,
Community CPR Program
901 Dominion Drive
Hudson, WI 54016

Registration Line (715) 531-6588

To Mail Form: Download and complete

To E-mail Form:

(Save As, tab key moves to each field, complete, resave, and email as an attachment) to:
CPR@hudsonhospital.org

***Credit card information must be provided with phone and e-mail registration.**

REGISTRAR USE ONLY

Fee Total: _____

Payment Method: Check Credit Card

Class Date: _____

Cost Center: #847- 951

Registrant Information:

Name

Professional Organization

Job Title

Address

City

State

Zip

Home Phone

Work Phone

E-mail

Class Information:

Name of Class:

1st Choice Date

2nd Choice Date

Payment Information:

Fee(s) Enclosed \$

*(Make check(s) payable to Hudson Hospital & Clinics –
memo: Heart2Heart Program)*

Charge to my: VISA MC Discover

Card #

Signature Code (last 3 digits on back of card)

Signature

Exp Date

For more information, please call (715) 531-6588 or e-mail CPR@hudsonhospital.org.