

Register by mail or phone:

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

Registration Line (715) 531-6588

REGISTRAR USE ONLY

Fee Total: _____

Payment Method: Check Credit Card

Class Date: _____

Cost Center: #545-552
 #847-951

To Mail Form: Download, print off, fill in and mail to address listed above.

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

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)

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 diane.d.wetzstein@hudsonhospital.org