

12 Lead Class Registration Form

Name: _____

Address: _____

Phone: _____ email _____

Certification Level: _____

Employer: _____

Payment Attached: Yes _____ No _____ P.O.# _____

Supervisors Signature _____

*Remit payment and application to:

KCEMS
P.O. Box 4805
Bremerton, WA. 98312

Cancellation Policy:

For a full refund you must cancel 2 business days before the start of class.