



NMTA Member CPR Class Application

Company: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Cost: \$40/per person

Payment: Application must include full payment.

I would like to sign up _____ people for the CPR class.

<u>First</u>	<u>Last</u>

Please make checks payable to: Northwest Marine Trade Association,
1900 N. Northlake Way #233, Seattle, WA 98103 or

Please bill my credit card: VISA MasterCard

CC# _____ Exp.Date _____

Print Name _____

Signature _____

RETURN FAX TO NMTA: 206-632-0078
BEFORE FRIDAY, JULY 17