



ASTAN INC

EMERGENCY SAFETY TRAINING

Registration Form

Instructions: Please complete and return to website (astanla.com) and select the dropdown underneath this form and upload to the email link.

Full Name _____ Phone _____

Email _____ Confirm Email

Mailing Address:

Street: _____

City, State Zip: _____

Training Information - Is this training for:

☐ Work/Job ☐ School ☐ Other _____

Do you work in child care or an early education program?

☐ Yes ☐ No

Skills Demonstration Preference:

☐ By Appointment ☐ On-Site Training (We come to you) ☐ Saturday Skills Check 10AM - 12PM

Costs: (Groups of 2 or more receive \$5 off)

☐ By Appt \$65 ☐ On-Site (We come to you) \$60 ☐ Saturday Skills Check \$50

Payment Options: Payment is required in order to receive course. Please select

☐ Venmo ☐ CashApp ☐ Cash

How did you hear about our product/service?

☐ Social Media ☐ Search Engine ☐ Advertisement
☐ Word of Mouth ☐ Other (Please specify) _____

By submitting this form, I understand that certification is issued upon successful completion of the online course and in-person skills demonstration.

Signature: _____

Date: _____

 info@astanla.com

 539-302-4465 (Call or Text)

ASTAN INC First Aid | CPR | AED Training
Professional. Flexible. Community Trusted.