



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.