



Date \_\_\_\_\_

## CPR TRAINING UNIT APPLICATION

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Organization website: \_\_\_\_\_

### ORGANIZATION BACKGROUND

Year founded \_\_\_\_\_

How supported \_\_\_\_\_

Purpose of organization \_\_\_\_\_

Number of people to be trained \_\_\_\_\_ Number of similar units available \_\_\_\_\_

Brief description of program \_\_\_\_\_

### CPR UNITS AVAILABLE FROM LAERDAL MEDICAL CORP. (select one)

Resusci Anne Complete \_\_\_\_\_  
Resusci Anne Torso Complete \_\_\_\_\_  
Little Anne Four Pack \_\_\_\_\_

Resusci Junior \_\_\_\_\_  
Resusci Baby Complete \_\_\_\_\_  
Little Anne AED Training System \_\_\_\_\_

Sponsored by: \_\_\_\_\_

(Dealership Name & Phone Number)

(Contact Name at Dealership)