



Date \_\_\_\_\_

### CPR TRAINING UNIT APPLICATION

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

Address \_\_\_\_\_

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

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

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

#### 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 Junior	_____
Resusci Anne Torso Complete	_____	Resusci Baby Complete	_____
Little Anne Four Pack	_____	Little Anne AED Training System	_____

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

(Dealership Name & Phone Number)

(Contact Name at Dealership)