



125 A, des Peupliers east
Quebec, Qc
G1L 1S3

Web site informations form for trainers

Last Name: _____

First Name: _____

Your membership number: _____

National Trainers Certification level: _____

Date of obtention for this certificate : ____ / ____ / ____

First Aid Course given by which organisation:

_____ When ____ / ____ / ____

Where do you give your training courses: _____
(in which city)

Phone number for inscriptions : (_____) _____ - _____

Web Site adress ? : WWW. _____

E-Mail adress ? : _____

I do authorise the CKBAQ to publish thoses informations on his Web Site

_____ on _____ the ____ 201__
(Trainer's signature)