AVERT

Active Violence Emergency Response Training

Get-AVERT.com

IDC Registration

Contact Information:

First Name:	Middle Initial:	Last Name:

IF TEACHING FOR WORK: Employment Information:

Employer:	Job Title:

Bill to:

Street Address:		
City:	State:	Zip:

Ship to: (cannot ship to a P.O. Box) ■ Same as Bill To

Street Address: ❑ Residential ❑ Commercial		
Ste/Apt #		
City:	State:	Zip:

Phone (**REQUIRED**):	Ext.:	Cell Phone:

Email (**REQUIRED**):	Website:

If your information above is associated with your company or employer, please provide an alternative phone number and email.

Email:	Phone:

I plan to teach for:

❑ My Company/Organization ❑ Myself ❑ I do not plan to teach

I would like additional information on:

❑ BLS Training	❑ CPR/AED/First Aid for Childcare	❑ Private Label Workbooks	❑ Purchasing AEDs
❑ Emergency Oxygen	❑ CPR/AED/First Aid for Caregivers	❑ BBP	❑ First Aid / Disaster Supplies

Signature Required for Processing

_____ / / _____

Applicant Name (print) **Signature** **Date**

_____ / / _____

Parent/Guardian (print) **Signature** **Date**