

CODEBLUE FLOOD HOUSE
REGISTRATION PAYMENT FORM



ATTENDEE INFORMATION Fill in the information below and return to cbaffiliates@hsgcodeblue.com

COMPANY NAME _____

CONTACT NAME _____

PAYMENT INFORMATION Please note: Your statement will list the Merchant as Code Blue, LLC

- CLASS
- 4-Day WRT Class** | \$499 per person
 - 4-Day ASD Class** | \$900 per person
 - 4-Day AMRT Class** | \$750 per person
 - 5-Day WRT/ASD Combo Class** | \$1200 per person
 - 4-Day CDS Class** | \$900 per person

NUMBER OF ATTENDEES _____ TOTAL COST _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD: _____

A tour of the CodeBlue Command Center will be offered during the week of training. There is a \$150.00 fee for cancellations/rescheduling made at least fourteen days in advance. A 50% rebooking credit for any cancellations/rescheduling made with less than fourteen days notice (50% of class expense will be applied to a future class; no refunds are available with less than 14

Once completed, please email this form to:
cbaffiliates@hsgcodeblue.com