



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 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)

**SUBMIT APPLICATION TO:
NATIONAL AUTOMOBILE DEALERS CHARITABLE FOUNDATION
8400 WESTPARK DRIVE, MCLEAN, VIRGINIA 22102
703.821.7233 * FAX 703.245.5247* FOUNDATION@NADA.ORG**