



CPT Equipment Rental Form

Course Dates _____

Training Agency _____

Address _____

_____ Postal Code _____

Contact Person _____

Phone # () _____ Fax # () _____

E-mail Address _____

Equipment

Please indicate the number of each that you need for your course (based on total number of participants, working in pairs).

_____ Stethoscopes
_____ Blood pressure cuffs
_____ Slimguide calipers

_____ Girth Tapes
_____ Teaching Stethoscopes
_____ Dynamometers

Please note!

- Rental of this equipment is **\$50.00 per course**. Payment information must be completed on this form.
- This form must be submitted, with the Course Application form, at least **6 weeks** prior to the start of the course.
- Equipment must be returned in **good condition** within one week of the conclusion of the course.
- Any cost incurred during the course, due to lost or damaged equipment, will be **invoiced to your agency**.

Method of Payment:

_____ Cheque _____ VISA _____ MasterCard

Card # _____ Expiry Date _____

Signature _____