



## CPT Equipment Rental Form

Course Dates \_\_\_\_\_

Training Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ 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 \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_