



Emergency First Response®

<Date>

<Company Name>

<Address>

<City> <State> <Zip>

Attention <Contact Name>

Dear <Contact Name>,

Thank you for your interest in <your company name> and the Emergency First Response training program. At <your company name> we are committed to providing the utmost in customer service and can customize Emergency First Response courses to meet your specific emergency response/workplace safety requirements.

Emergency First Response courses are solidly grounded in state-of-the-art educational material that provides program flexibility to meet your scheduling needs. Additionally, the courses meet or exceed governmental authority (i.e. OSHA Or COSH)) workplace safety program requirements for CPR and first aid training. I've enclosed a sample of the participant materials for your review.

The following is a list of services and a proposal to train <number of employees> for <company name>.

Upon entering into contract, <your company name> will;

- offer Emergency First Response training in specific locations designated by <company name>.
- assist in class scheduling and logistical support.
- offer training during times specified by <company name>.
- conform to all <company name> policies regarding breaks and lunches.
- provide a class roster and any other information pertaining to the training required by <company name>.
- notify <company name> in writing within a minimum of ninety days of any participant approaching the recommended retaining date.
- provide an Emergency First Response instructor for all training. The training provided by the instructor will include Emergency First Response Primary and Secondary. Additionally, the instructor will provide training in automated external defibrillator (AED) use, conscious choking adult management and emergency oxygen use. Please see enclosed program brochure for complete course content.

- invoice <company name> at <\$\$\$> per class. Maximum class size will be limited to twelve participants to one instructor. This fee includes all training supplies and participant materials. Each participant will receive a personal copy of the EFR[®] student manual and video and will retain this material after completion of training. In the event class size exceeds twelve participants, additional participants will be billed at <\$\$\$>. <Your company name> will invoice <company name> upon completion of each class. Payment is due upon receipt of invoice.
- in the event of class cancellation by <company name> a cancellation fee of <\$\$\$> per scheduled class will be assessed.
- in the event of cancellation by <your company name>, any deposit will be refunded in full.

Thank you for considering <your company name>for your workplace CPR and first aid training needs. I look forward to receiving your reply by <date>. If you have any questions, please contact me at <your contact information>.

Sincerely,

<Your Name>

<Title>

Emergency First Response