New Salem NCCR Training

February 27 & 28, 2016

Pre-registration Form

Please complete form online and PRINT (changes will not be saved with Acrobat Reader).

Name: _____

Phone: _____

Mailing Address: _____

City, State, & ZIP: _____

Affiliation: _____

Your Level: ❏ EMT ❏ EMR ❏ Other _____

Check appropriate boxes below and enter the respective amount(s) in column at right.

❏ Attending both days -- EMT:	$ 100	_____
❏ Attending both days -- EMR:	$ 80	_____
❏ Attending Saturday only:	$ 60	_____
❏ Attending Sunday only:	$ 60	_____
❏ Saturday Box Lunch:	$ 7	_____
❏ Saturday Pizza:	$ 5	_____
❏ Sunday Box Lunch:	$ 7	_____
❏ Sunday Pizza:	$ 5	_____
TOTAL:		0

Hour by hour schedule will be available by January 15, 2016.
For more information, contact EMS Educators: ems.educators@yahoo.com.
Course Coordinator: Deb Anderson, New Salem, 701-220-0781

Submit this form by mail to EMS Educators, 407 N 9th St, New Salem, ND 58563, or scan and send via email to ems.educators@yahoo.com .