



Carolina Wilderness EMS Seminar
September 14, 2018
Morganton, North Carolina, USA
esse quam videre



REGISTRATION

Name: _____

Street/PO Box: _____

City: _____ State/Province: _____

Country: _____ ZIP/Mail Code: _____

Email: _____ Phone: _____

Current License/Cert: MD DO PA NP Paramedic AEMT RN

EMT PhD Other: _____

Are you a Fellow, Resident, Intern, or otherwise in training?

NO YES, specifically: _____

Will you be claiming CME/CEU for the Seminar? NO YES

Food Allergies: NO YES, specifically: _____

Emergency Contact Name & Number: _____

Please describe your EMS and wilderness EMS background, if any:

Please describe the major goals you have for this Seminar:

Please complete this form in entirety, attach \$400 tuition payable to
Hawk Ventures, and mail to:
Hawk Ventures, PO Box 2711, Morganton NC 28680-2711 USA