



**Carolina Wilderness EMS Seminar**  
September 20, 2019  
Morganton, North Carolina, USA  
*esse quam videri*



**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: \_\_\_\_\_

Food Allergies: NO YES, specifically: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

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

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Please describe the major goals you have for this Seminar:

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Please complete this form in entirety, attach \$500 tuition payable to  
Hawk Ventures, and mail to:  
Hawk Ventures, PO Box 2711, Morganton NC 28680-2711 USA