Carolina Wilderness EMS Seminar

September 25, 2026
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/Requests: ☐NO ☐YES, specifically:_____

I plan to attend: ☐IN PERSON (RECOMMENDED) ☐REMOTELY

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 $700 tuition ($475 for residents or non-doctorates) payable to Hawk Ventures, and mail to Hawk Ventures, PO Box 2711, Morganton NC 28680-2711 USA, or submit on-line as per instructions at hawkventures.com/seminar