



2nd Annual New Salem NCCR Weekend
 January 14 & 15, 2017
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.

- | | | |
|---|--------|-------|
| <input type="checkbox"/> Attending both days – EMT *: | \$ 150 | _____ |
| <input type="checkbox"/> Attending both days – EMR *: | \$ 110 | _____ |
| <input type="checkbox"/> Attending Saturday only **: | \$ 75 | _____ |
| <input type="checkbox"/> Attending Sunday only **: | \$ 75 | _____ |
| TOTAL: | | _____ |

* Includes lunch both days

** Includes lunch

An hour-by-hour schedule will be available in December 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 .