

COMPETITION REGISTRATION

Must be typed!!

Entry Deadline: April 2, 2010

Agency Name		Agency Contact	
Agency Address	City	State	Zip
Agency Phone	Agency Fax	E-mail Address (REQUIRED – RESULTS SENT HERE)	

One team per registration form. Please make copies for additional teams.

MFR Team Registration

Your team must consist of 2 members (2 MFRs)

1st Team Member's Name	License Level	E-mail Address
2nd Team Member's Name	License Level	E-mail Address
Alternate Team Member's Name	License Level	E-mail Address

BLS Team Registration

Your team must consist of 2 members (2 EMTs, 2 Specialists, or 1 EMT and 1 Specialist)

1st Team Member's Name	License Level	E-mail Address
2nd Team Member's Name	License Level	E-mail Address
Alternate Team Member's Name	License Level	E-mail Address

ALS Team Registration

Your team must consist of 3 members (2 Paramedics and 1 EMT, Specialist or Paramedic)

1st Team Member's Name	License Level	E-mail Address
2nd Team Member's Name	License Level	E-mail Address
3rd Team Member's Name	License Level	E-mail Address
Alternate Team Member's Name	License Level	E-mail Address

Team Registration Fee: \$125.00

Competition registration forms must be submitted by April 2, 2010.

Each team member must also pay the regular conference registration fee and complete a conference registration form which must be submitted with the team registration. By entering the team competition, individuals give permission for photos to be taken and used in future Michigan EMS EXPO publications. All licenses will be checked at the competition. Please do not send copies of your licenses.

Questions?

Contact the EMS EXPO office – 517-372-7391

Check enclosed for: _____ or Credit Card:

Visa MasterCard American Express Discover

Card Number _____ Expiration Date _____

Name (as printed on card) _____ Signature _____

Please send your payment and registration forms to:

Michigan EMS EXPO

412 W. Ottawa St

Lansing, Michigan 48933-1518

Or fax with credit card information to:

(517) 372-1731