

Registration Form

September 9 - December 4, 2019

5 p.m. to 8 p.m. Mondays and Wednesdays; 8 a.m. to 5 p.m. every other Saturday

EMT Course

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: (_____) _____

ALTERNATE PHONE: (_____) _____

EMAIL ADDRESS: _____

WOULD YOU LIKE CONFIRMATION BY EMAIL? YES NO (circle one)

AGENCY (if applicable): _____

EMT COURSE COST: \$1,000 (Includes all books and instruction materials)

PAYMENT METHOD:

Check _____ (Number)

Credit Card _____ (Number)

_____ (Type) _____ (Exp)

_____ (Name on Card)

CVV/Security Code _____

Purchase Order _____ (Number)

Please make checks payable to Humboldt General Hospital.
Send completed application and payment to: Humboldt General Hospital
EMS Rescue, Attn: Dylan Angus, 118 E. Haskell Street, Winnemucca, Nevada 89445.
Or email application with payment information to angusd@hghospital.org
Questions? Call 775.623.5222, ext. 1378

HGH  **EMS**
R E S C U E