

Bob Page Seminar

April 24—25, 2017

at the Hutchinson Regional Medical Center Pavilion

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Registration Fees:

- \$25.00 per day for participants within KS Region 3 EMS
- \$50.00 per day for participants outside of KS Region 3 EMS

Yes, I will be attending: *(please circle all that apply)*

Day 1—April 24, 2017: Capnography and Stethoscopy

Day 2—April 25, 2017: Multi-Lead Medics

My registration fee is included in the amount of \$ _____.

Please send this completed registration form with your payment to:

Hutchinson Community College EMS Education,

1809 E. Essex Rd.

Hutchinson, KS 67501

Checks must be made payable to KS Region 3 EMS.