

File # \_\_\_\_\_

# Emergency Training Center of Montana

Date Entered: \_\_\_\_\_

## Student Registration Form:

### *Butte EMT Refresher – February 26-27-28, 2010*

***Instructions:*** All students attending a program offered by the Emergency Training Center of Montana must complete and submit an admission form prior to receiving credit for the program attended. Complete all portions of the form and submit it to the ***ETC of Montana*** via email.

### Please PRINT

*(If unreadable, course completion certificate can not be granted)*

Name (first)	Name (last)

Address:	City, State Zip

Name of Program Attending <i>(check one)</i>	
<input type="checkbox"/> EMT-First Responder Refresher	<u>FEBRUARY 26-27-28, 2010</u> <b>Date of Program</b>
<input type="checkbox"/> EMT-Basic Refresher	<u>BUTTE, MONTANA</u> <b>Location of Program</b>

Phone Number:	Email address:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Once a registration form is received, an email will be sent giving you a password to the course materials