



# MDEWAKANTON EMERGENCY SERVICES EDUCATION

## TRAINING REGISTRATION FORM

Course Name: \_\_\_\_\_ Initial \_\_\_\_\_ Renewal \_\_\_\_\_

Start Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Payment Method:**

\*Please Bill my Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact with phone Number: \_\_\_\_\_

\* My Check is enclosed. Please make checks payable to SMSC

\* Other: \_\_\_\_\_

Tuition Amount: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Registration Form MUST be completed in its entirety and payment method noted.

### **Please return this form along with payment to:**

Mdewakanton Emergency Services  
2330 Sioux Trail NW  
Prior Lake, MN 55372  
952-233-1077 (Office) 952-233-1447 (Fax)

Malissa Radanke, EMS Training Coordinator cell 612-695-1316