

Your seat in the course is reserved after tuition is paid.

Course Registration Form

Please call 970-577-8057 or email info@trailmed.com with any questions.

Make Check Payable to TrailMed

Mail Payment to:

TrailMed Wilderness Medicine Ltd.
PO Box 3732
Estes Park, CO 80517

970-577-8057

info@trailmed.com www.trailmed.com



Emergency Care for Remote Locations

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Student Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone: _____

Email: _____

Course Name (s) & Dates: _____

Total Amount: \$ _____