



**East Texas Gulf Coast
Regional Trauma Advisory Council
RAC-R**

Education Committee – Class Registration Form

COURSE

Name of Course: EAMC – Emergency Airway Management Course

Location: _____

Date: _____ **Time:** 7:30am – 5:00pm

Cost: \$25.00 registration fee; Lunch will be provided

Description: This course is intended for all medical personnel. The course focuses on basic airway management skills, an understanding the basic concept of airway management, determining and managing patients with difficult airway, and advanced airway skills

** Pre-registration required

REGISTRATION

Name (Last, First)		Organization Affiliation		
Address		City	Zip	Phone
Email Address	Current Certification / License <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP <input type="checkbox"/> LVN <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> MD <input type="checkbox"/> Other:			

* Please make check or money order payable to RAC-R.

Please fax or email completed registration form and payment to:

Attention:

**C. Wayne Morris, Executive Director
East Texas Gulf Coast Regional Trauma Advisory Council
c/o The Weston Group
PO Box 654
Fulshear, TX 77441**

Toll Free 866 346-2350

If you have a Houston Metro Line call: 281 346-2305

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