



## Wilderness Medical Consultants Registration Form

*Please Print Clearly*

Please print and complete this form and make cheques payable to Wilderness Medical Consultants.

### **Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **Course Information:**

Course Location: \_\_\_\_\_

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

Course Dates (start): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Course Dates (end) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Payment Information:**

If you are mailing or faxing this form to WMC then you have chosen to make your payment by cheque or money order. All credit card payments must be done online through our website. Our prices listed on our website do not include GST so please include this with your payment. Full payment is due when you register for a course.

Course Price (as listed on our website) \$ \_\_\_\_\_

GST \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

**By signing below I agree that I understand the refund policy of Wilderness Medical Consultants.**

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*WMC will contact you to confirm that your registration was received.*