



WMI REGISTRATION FORM

PLEASE PRINT LEGIBLY



PLEASE NOTE: This form is only for WMI of NOLS sponsored courses and/or courses with the (866) 831-9001 registration phone number. Please print and complete this registration form and send it with your deposit to: WMI of NOLS, 284 Lincoln Street, Lander, WY, 82520, or fax this form with credit card information and signature to WMI at (307) 335-2355. For additional information, please call (866) 831-9001.

STUDENT INFORMATION

Name: _____

Mailing Address: _____

E-mail address: _____

Phone Numbers:

Day: (_____) _____ Evening: (_____) _____

Cell: (_____) _____ Other: (_____) _____

Date of Birth (Required): ____/____/____ Age: ____ Gender: _____

- Will you be at least 18 years of age when the course begins? Yes No (please contact the WMI office)
- Have you ever taken a WMI course? Yes No
- Are you a qualified NOLS employee? Yes No (Note: if upon verification by WMI, NOLS does not consider you eligible for a discount, you will be responsible for the full course tuition.)

COURSE INFORMATION

Course Location _____

Course Dates (start) ____/____/____

Course Dates (end) ____/____/____

Course Types and Deposit Amounts:

- | | |
|---|--|
| <input type="checkbox"/> Wilderness EMT (\$1000) | <input type="checkbox"/> Wilderness First Responder (\$300) |
| <input type="checkbox"/> Wilderness Upgrade for Medical Professionals (\$300) | <input type="checkbox"/> WMI Special (\$400) |
| <input type="checkbox"/> Wilderness Advanced First Aid (\$170) | <input type="checkbox"/> WFR Recertification (Please pay in full) |
| <input type="checkbox"/> EMT Refresher Training Program (Please pay in full) | <input type="checkbox"/> Wilderness First Aid (Please pay in full) |
| <input type="checkbox"/> Wilderness Medicine Practices & Protocols (Please pay in full) | |

PAYMENT INFORMATION

Check Mastercard VISA AMOUNT:\$_____

Credit Card Information (if applicable):

Credit Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Address credit card bill is sent to: _____

I, the undersigned, understand and agree that all course deposits and payments are subject to the WMI Refund Policy.

Cardholder Signature (Required): _____

You may fax this form with credit card information to 307.335.2355.

If you do not receive a confirmation from the WMI office within 4 to 5 business days please contact the office at 866.831.9001