



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 _____ Date of Birth ____/____/____
First Middle Last Mo. Day Year

Mailing Address _____ Age _____
Street

_____ Gender _____
City State Zip

Phone

Home (____) _____ Work (____) _____

Mobile (____) _____ Other (____) _____

Email address _____

Please print legibly.

➤ Will you be at least 18 years of age when the course begins?

Yes No (Please contact the WMI office.)

➤ Have you taken a WMI course before?

Yes No

➤ Are you a qualified NOLS employee? Yes No

(Note: You will be responsible for the full course tuition if NOLS does not consider you eligible for a discount upon verification by WMI.)

COURSE INFORMATION

Course Location _____

Course Start Date ____/____/____
Mo. Day Year

Course End Date ____/____/____
Mo. Day Year

COURSE DEPOSITS

(Deposit amounts are in parentheses.)

- Wilderness EMT (\$1000)
- Wilderness First Responder (\$300)
- Wilderness Upgrade for Medical Professionals (\$300)
- Wilderness Advanced First Aid (\$170)
- Wilderness First Aid (Pay in full)
- WFR Recertification (Pay in full)
- Wilderness Medicine Practices & Protocols (Pay in full)
- EMT Basic Refresher Training Program (Pay in full)

PAYMENT INFORMATION

Check MasterCard Visa

If paying by credit card: Amount to charge: \$ _____

_____ Exp. Date
Credit Card Number

Name as it appears on card _____

Billing Address _____
Street

_____ Zip
City State

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

(To review the WMI Refund Policy please visit www.nols.edu/wmi/about/faq.shtml#canx.)

Cardholder Signature (Required) _____

Fax this completed form to WMI at (307) 335-2355.

If you do not receive confirmation from WMI within 4 to 5 business days please contact the WMI Office at (866) 831-9001.