



# 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*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

### 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 for the Professional Practitioner (Pay in full)
- EMT Basic Refresher Training Program (Pay in full)
- Wilderness Medicine Expedition (\$500)

### PAYMENT INFORMATION

Check  MasterCard  Visa

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

\_\_\_\_\_  
*Credit Card Number*

\_\_\_\_\_  
*Exp. Date*

Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**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](http://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.**