NOLS Wilderness Medicine
REGISTRATION FORM

Please complete this registration form and send it to: wilderness_medicine@nols.edu or NOLS Wilderness Medicine at 284 Lincoln Street, Lander, WY 82520. Registration will not be confirmed until payment is received, or scholarship funding is in process. For additional information, please call 866-831-9001.

STUDENT INFORMATION

Name _____________________________________________ Gender __________

First                          Preferred First                      Middle                      Last

Date of Birth ____/____/____   Age _____   E-Mail Address __________________________

Mailing Address ________________________________

Street                          City                     State                     Zip                     Country

Preferred Phone (_____)__________________________ □ Mobile □ Home □ Work

Have you taken a NOLS Wilderness Medicine course before? □ Yes □ No

Are you a NOLS employee? □ Yes □ No

Ethnic Origin: Optional. U.S. citizens only. Your response will help us meet student needs more effectively.

□ American Indian or Alaska Native □ Black or African American □ Multiracial
□ Asian                              □ Hispanic                   □ Native Hawaiian or Pacific Islander
□ Other____________________________

COURSE INFORMATION (enrollment based on availability)

Course Location ________________________________

City                          State                     Course Start Date ____/____/____

□ Wilderness First Aid (Pay in full) □ Wilderness Upgrade for Medical Professionals ($300)
□ Wilderness Advanced First Aid (Pay in full) □ Wilderness Medicine for the Professional Practitioner (Pay in full)
□ Wilderness First Responder ($300) □ Wilderness Medicine Expedition ($500)
□ WFR Recertification (Pay in full) □ Wilderness EMT ($1000)

I, the undersigned, understand and agree that all course deposits and payments are subject to the NOLS Wilderness Medicine refund policy. (To review the NOLS Wilderness Medicine refund policy, please visit https://nols.edu/en/resources/policies/.)

Signature (required) ___________________________

Payment method: □ Credit card Please call the NOLS Wilderness Medicine office to pay with Visa or Mastercard.

□ Check enclosed
□ 529 Education Savings Plan*
□ AmeriCorps Education Award*
□ Moving Hands Scholarship*
□ Veterans Affairs Benefits* Only available for courses taking place in Wyoming.

*Please see this Financial Aid link for specific information:

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effective 9/17/2014