BIRMINGHAM REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM (BREMSS)
Emergency Medical Dispatch Course Registration Form

Send form and $60.00 fee to ***EMD Course*** ***BREMSS*** ***1114 South 16th Street*** ***Birmingham, AL 35205***	***For more information, contact*** ***John Reed, MPH, BSN, RN, EMT-P*** ***(205) 934-2595*** ***FAX: (205) 934-2621*** ***email:*** jreed@uabmc.edu

Make check payable to BREMSS. If reimbursement is requested, there will be a 5% deduction for processing costs. No registration fee will be returned if cancellation occurs within two weeks of the course. A fee of $27.00 will be charged for each check returned by your banking institution.

Name _____ County _____

Address _____ City _____ State ____ ZIP _____

Email _____ Telephone (____) _____

Professional Specialty _____ Job Location _____

Dates of class: ❒ June 22, 23, & 29, 2010 (9:00 a.m. – 6:00 p.m.)
June 30, 2010 (9:00 a.m. – 12:00 p.m.)

You must attend all class time to complete the course.