



Advanced Wilderness Life Support Application November 18, 19, 20, 2021

Thank you for your interest in attending the AWLS course that will be held at KRMHC Hualapai Campus.

Applicant Information		
Name:		
Email Address:		
Mailing Address:		
City:	State:	Zip:
Emergency Contact		
Name:	Phone:	Relationship:
Signature:		

The fee of \$450.00 for the course along with this application will be due by November 1st to secure your spot. Payment must be made by check and written out to:

“Kingman Regional Medical Center – Graduate Medical Education 8060”

And mailed to:

Kingman Regional Medical Center
Attn: Doreen @ Graduate Medical Education
3269 Stockton Hill Road
Kingman, AZ 86409

FOR OFFICIAL USE ONLY:

Payment Date: _____ Check Number: _____

Roster: _____

