# Application formInternational Emergo Train System Senior instructor course

I want to register as a participant in the following ETS Senior instructor course:

|  |  |
| --- | --- |
| Date of course start (YYYY-MM-DD)      | Date of course end (YYYY-MM-DD)      |

Participant information

|  |  |
| --- | --- |
| First name      | Surname      |
| Place of work      |
| Work title and speciality      |
| Postal address (home or work)      |
| Postal code      | Town      |
| Country      |
| Mobile phone number       |
| E-mail address (information about the course will be sent to this email address)      |
| If you have request of special food during the course, please add below (for ex allergy, religous)      |

Address for invoice

|  |  |
| --- | --- |
| Name      | Your reference      |
| Address      |
| Address      |
| Address      |
| Postal code      | Town      |
| Country      |
| Mobile phone number      | E-mail address (were he invoice will be sent)      |

Please send application form by email to johan.hornwall@regionostergotland.se

[www.regionostergotland.se/kmc](http://www.regionostergotland.se/kmc)

[www.emergotrain.com](http://www.emergotrain.com)