# Application form International 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](mailto:johan.hornwall@regionostergotland.se)

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

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