



Please send this registration form **BY EMAIL** to [charlotte.martin@mcocongress.com](mailto:charlotte.martin@mcocongress.com) - EUSEM 2023  
Contact: Charlotte Martin - Phone: +33 4 95 09 38 00 - Fax: +33 4 95 09 38 01

### TEAM CAPTAIN

**First Name** ..... **Last Name** .....

Address .....

City ..... Postal/Zip Code..... Country.....

Phone ..... Fax .....

Email (mandatory) .....

**Important note: The team members must be registered to the congress.**

The team should be composed of 3 or 4 members for a physical attendance, 3 for a remote participation: a physician as team leader/captain, a paramedic and a nurse.

To understand the organization and process please visit EUSEM website.

### TEAM MEMBERS

**First Name** ..... **Last Name** .....

Address .....

City ..... Postal/Zip Code..... Country.....

Phone ..... Fax .....

Email (mandatory) .....

Paramedic      Nurse      Physician      Other

**First Name** ..... **Last Name** .....

Address .....

City ..... Postal/Zip Code..... Country.....

Phone ..... Fax .....

Email (mandatory) .....

Paramedic      Nurse      Physician      Other

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