

PARAMEDICS CUP Registration form

Please send this registration form **BY EMAIL** to audrey.martin@mcocongres.com - EUSEM 2024
Contact: Audrey 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 2 to 4 paramedics and/or emergency medical technicians. We can only accommodate up to six teams. 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 Emergency medical technicians

First Name **Last Name**

Address

City Postal/Zip Code Country

Phone Fax

Email (mandatory)

Paramedic Emergency medical technicians

First Name **Last Name**

Address

City Postal/Zip Code Country

Phone Fax

Email (mandatory)

Paramedic Emergency medical technicians