

EUSEM 2025

EUROPEAN EMERGENCY MEDICINE CONGRESS

Vienna, Austria

27 -28 September Precourses

28 September-1 October Congress



PARAMEDICS CUP Registration form

Please send this registration form **BY EMAIL** to audrey.martin@mcocongres.com - EUSEM 2025

Contact: Audrey Martin - Phone: +33 4 95 09 38 00

TEAM CAPTAIN

First Name Last Name

Address

City Postal/Zip Code Country

Phone Email (mandatory)

Important note: The team membres 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