EUSEM 2026
EUROPEAN EMERGENCY MEDICINE CONGRESS

Paris, France
23-24 September | Pre-courses
25-27 September | Congress

www.eusemcongress.org

PARAMEDICS CUP Registration form

Please send this registration form **BY EMAIL** to audrey.martin@mcocongres.com - EUSEM 2026
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** .....

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