Thank you for your interest in attending the KRMC’s 2023 AWLS course:

| Applicant Information | | |
| --- | --- | --- |
| Name: | | |
| Email Address: | | Phone: |
| Mailing Address: | | |
| City: | State: | Zip: |
| Emergency Contact | | |
| Name: | Phone: | Relationship: |
| Signature: | | |

Resident/Student or Non-Doctoral $ 495.00

Doctoral $ 750.00

Submit fee for the course along with this application by November 15th to secure your spot. Payment must be made by check and written out to: **“Kingman Regional Medical Center – Graduate Medical Education 8060”**

And mailed to:

**Kingman Regional Medical Center**

**Attn: Sheri @ Graduate Medical Education**

**3269 Stockton Hill Road**

**Kingman, AZ 86409**

FOR OFFICIAL USE ONLY:

Payment Date: Check Number:

Roster: