



# Wilderness Life Support for Medical Professionals

## Application

### April 17th to 19th

Thank you for your interest in attending the KRMCM's 2025 WLS:MP 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 April 1<sup>st</sup> 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: \_\_\_\_\_

