

## CAMATA AIR MEDICAL TRAINING COURSE LEVEL I PARTICIPANT APPLICATION FORM COURSE DATES – June 12 & 13th, 2024 Via Zoom

NAME:		
ADDRESS <u>:</u>	CITY:	
Prov:	Postal Code <u>:</u>	
PHONE: HOME <u>:</u>	WORK	
EMAIL		
zoom. However if you are in	oin our course. To join the course, you do not need to downlo erested, you can go to <u>Video Conferencing, Web Conferenci</u> om to get more information including viewing tutorials.	
Please send CAMATA TEXTBO	K □ Home Address (above) □ Alternate Address (below)	
ADDRESS:		
City:	Prov	
Postal Code:	PHONE:	
Course Fees: CAMATA Cou (Payment can be made by E t	Paramedic RRT Pilot Other rse \$320.00 Pilot Participant: \$170.00; ransfer or Paypal to <u>hpt66@mymts.net</u> or by cheque, payable neque, please send application with payment to the COU	e to
Payment by: 🛛 cheque	] E transfer 🛛 Paypal	
For questions, please email Pe	iny at <u>hpt66@mymts.net</u>	
Note: Partial refunds are avail	ble up until June 5th, 2024	