

# SOLANO EMERGENCY MEDICAL RESPONSE SUMMIT



## REGISTRATION FORM

NAME:
TITLE:
ORGANIZATION:
WORK PHONE:
ALTERNATE PHONE:
E-MAIL:

CEUs REQUESTED:

RN       NHAP       EMT       Paramedic

By registering for this summit, I grant authority to Solano County Health and Social Services to photograph and/or video/audio record me, and grant full permission to use any video, audio, photograph, and written story of me for promotional and educational purposes without receiving any financial return. I also agree to allow the County of Solano to maintain possession of written, video, audio, and visual materials to be used for the purposes listed above.

**E-mail completed registration form on or before Friday, June 10, 2016 to:**

**E-Mail: [HSSSolanoResponds@SolanoCounty.com](mailto:HSSSolanoResponds@SolanoCounty.com)**



Solano County Emergency Services Bureau  
355 Tuolumne Street, Suite 2400  
Vallejo, California 94590

