

**2005**  
**NATIONAL EMS MEMORIAL SERVICE**

**ATTENDEE REGISTRATION FORM**  
**PRESS/MEDIA**

Dear Press/Media Attendee,

All Press/Media personnel attending this year's National EMS Memorial Service must be pre-registered and credentialed. To aid us in this process please provide the information requested below and return by May 15, 2005 to: National EMS Memorial Service, Public Information Office, P.O. Box 6604, Carlstadt, NJ 07072-0604 or fax to (501) 423-6133

Thank you for your understanding.

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**PLEASE PRINT OR TYPE CLEARLY - PLEASE PROVIDE ALL APPLICABLE INFORMATION**

ORGANIZATION REPRESENTED: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE/ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

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***PLEASE LIST THE NAMES AND TITLES OF ALL MEMBERS OF YOUR ORGANIZATION WISHING TO ATTEND***

CONTACT NAME: \_\_\_\_\_ TITLE/ POSITION: \_\_\_\_\_

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