

# JEMS/NAEMSE

## Student Subscription Program 2007 Sign-up Sheet

Your free 6 month subscription will begin within 6-8 weeks.

PLEASE PRINT CLEARLY. ALL AREAS MUST BE FILLED OUT IN ORDER TO PROCESS SUBSCRIPTION.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Email \_\_\_\_\_

School Name \_\_\_\_\_

Course \_\_\_\_\_

Occupation/Position (please circle one):  
 A. Paramedic (EMT-I, EMT-D)  
 B. EMT (Basic, 1st Responder)  
 C. Nurse/Instructor/Coordinator  
 D. Physician  
 E. Administrator/Supervisor, EMS Chief,  
 Fire Chief, Other Chief & Company Officer  
 F. Military  
 G. Student  
 O. Other (Specify) \_\_\_\_\_

Employer/Affiliation (please circle one):  
 1. Hospital  
 2. Private Ambulance  
 3. Fire Dept./Rescue Squad  
 4. Third Serv./Mun. Agency  
 5. Industrial Commercial  
 6. Educational Institution  
 7. Other (Specify) \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Email \_\_\_\_\_

School Name \_\_\_\_\_

Course \_\_\_\_\_

Occupation/Position (please circle one):  
 A. Paramedic (EMT-I, EMT-D)  
 B. EMT (Basic, 1st Responder)  
 C. Nurse/Instructor/Coordinator  
 D. Physician  
 E. Administrator/Supervisor, EMS Chief,  
 Fire Chief, Other Chief & Company Officer  
 F. Military  
 G. Student  
 O. Other (Specify) \_\_\_\_\_

Employer/Affiliation (please circle one):  
 1. Hospital  
 2. Private Ambulance  
 3. Fire Dept./Rescue Squad  
 4. Third Serv./Mun. Agency  
 5. Industrial Commercial  
 6. Educational Institution  
 7. Other (Specify) \_\_\_\_\_

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Email \_\_\_\_\_

School Name \_\_\_\_\_

Course \_\_\_\_\_

Occupation/Position (please circle one):  
 A. Paramedic (EMT-I, EMT-D)  
 B. EMT (Basic, 1st Responder)  
 C. Nurse/Instructor/Coordinator  
 D. Physician  
 E. Administrator/Supervisor, EMS Chief,  
 Fire Chief, Other Chief & Company Officer  
 F. Military  
 G. Student  
 O. Other (Specify) \_\_\_\_\_

Employer/Affiliation (please circle one):  
 1. Hospital  
 2. Private Ambulance  
 3. Fire Dept./Rescue Squad  
 4. Third Serv./Mun. Agency  
 5. Industrial Commercial  
 6. Educational Institution  
 7. Other (Specify) \_\_\_\_\_

SEND TO: Jems, Attn: O. Berial

Instructor: \_\_\_\_\_

525 B Street, Suite 1900, San Diego, CA 92101 or FAX: (619) 699-6396

57JZF