



Training Center Application

Personal Information	
Full Name	
E-mail	
Phone Number	
Class Preference	
Refresher Course	<input type="checkbox"/> SUNY Farmingdale, M/TH Start: Feb 1, 2018 Time: 7PM - 10PM <input type="checkbox"/> TBD <input type="checkbox"/> TBD
EMT Original Course	<input type="checkbox"/> TBD
Mailing List	<input type="checkbox"/> Yes, send me emails regarding upcoming classes.
<p style="text-align: center;">Please send this completed form to: Thomas Durfee Email: thomasd@hunterems.com</p> <p style="text-align: center;">Thank you for your interest! We'll be in contact with you shortly.</p>	