



the difficult  
airway course  
www.theairwaysite.com  
EMS

### Instructions for Mail-in or Fax-in Registrations

1. Fill in the required information on the registration form.
2. Print the form.
3. Mail the form to the appropriate registration office (see below) with a check for the tuition. If you fax in your form, please send a check to the appropriate registration office (see below).
4. A \$50 fee will be assessed for returned checks.

### Regional Registration Offices

#### **Western Region (WA, OR, CA, ID, NV, MT, WY, UT, AZ, CO, NM):**

The Difficult Airway Course—EMS™ Registrations  
333 South State Street, Suite V324  
Lake Oswego, OR 97034  
Toll-Free: (866) 924-7929  
Fax: (404) 795-0711  
Visa, MasterCard and Discover accepted.  
*Please make checks payable to "The Difficult Airway Course—EMS."*

#### **Northeast Region (NY, CT, RI, MA, VT, NH, ME):**

The Institute for Pre-hospital Education and Training  
Stony Brook University Medical Center  
Nicolls Road  
Stony Brook, NY 11794-8350  
ATTN: Colby Rowe, EMT-P/FP-C  
Phone: (631) 444-6072  
Fax: (631) 444-6233  
*Please make checks payable to "Stony Brook University Medical Center Emergency Medicine."  
Credit cards accepted for on-line registration only.*

#### **Mid-Atlantic Region (PA, NJ, DC, MD, DE):**

The Difficult Airway Course—EMS™ Registrations  
333 South State Street, Suite V324  
Lake Oswego, OR 97034  
Toll-Free: (866) 924-7929  
Fax: (404) 795-0711  
Visa, MasterCard and Discover accepted.  
*Please make checks payable to "The Difficult Airway Course—EMS."*

#### **Southeast Region (NC, SC, VA, GA, WV, FL, OH, KY and TN – Nashville and East):**

The Difficult Airway Course—EMS™  
4145 James Carpenter Lane  
Maiden, NC 28650  
Phone: (336) 880-4552  
Fax: (336) 869-6026  
Email: [difficultairwayems@gmail.com](mailto:difficultairwayems@gmail.com)  
Visa and MasterCard accepted.  
*Please make checks payable to "The Difficult Airway Course—EMS."*

#### **Gulf Coast Region (AL, MS, AR, LA, TX, TN – West of Nashville):**

Anesthesia Clinical & Educational Services  
36332 Cypress Glen  
Prairieville, LA 70769  
Toll-Free: (888) 774-8823  
Fax: (225) 673-5069  
Visa, MasterCard, and Discover accepted  
*Please make checks payable to "Anesthesia Clinical and Educational Services."*

#### **Midwest Region (MI):**

Registration being handled by the Southeast Region (see above).



Registration Form

Contact Information	
Name	
Home Street Address	
Home City, State, ZIP Code	
Preferred Phone Number	
Email Address	
License/Certification Information (Required for EMS Providers)	
Job Title	
Agency/Employer	
State License Number	
State License or Certification Level (Example: EMT-P)	
State of Licensure	
State License Expiration Date	
NREMT Certification Number	
NREMT Re-registration date	
Which Course Will You Be Attending?	
Course Date	
Course Location	
Course Tuition (\$375 in Western Region/\$350 in all other regions)	
How Will You Be Paying?	
Select one	<input type="radio"/> Check <input type="radio"/> Credit Card
Amount to be charged	
Type of card	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Other (please specify): _____ <input type="radio"/> N/A
Card Number	
Expiration Date	
Name on Card	
Security Card Code	
Signature	