



# MN Resuscitation Consortium

UNIVERSITY OF MINNESOTA

Driven to Discover<sup>SM</sup>



## MN Resuscitation Academy Registration Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Do you have any dietary restrictions? : \_\_\_\_\_

**Please indicate which day(s) you will be attending (attendance encouraged for both days):**

Thursday, October 12<sup>th</sup> (8:00 am – 5:00 pm): \_\_\_\_\_

Friday, October 13<sup>th</sup> (8:00 am – 1:45 pm): \_\_\_\_\_

Bystander Academy Oct. 13<sup>th</sup> (1:45 pm – 4:30 pm): \_\_\_\_\_

**Animal Research Lab Tour with a Live Study October 12<sup>th</sup> (limited space)**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please send completed registration form to [mrc@umn.edu](mailto:mrc@umn.edu) or fax it to 612-626-0443.

