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 **2024 Region 2 Stroke Symposium**

**Registration Form**

**April 24, 2024**

Please complete this form with the following information:

**LAST NAME**: Click here to enter text.

**FIRST NAME**: Click here to enter text.

**EMAIL ADDRESS**: Click here to enter text.

**CONTACT PHONE #:** Click here to enter text.

**MAILING ADDRESS**: STREET OR PO BOX: Click here to enter text.

 CITY/STATE/ZIP: Click here to enter text.

**ORGANIZATION:** Click here to enter text.

**OCCUPATION (Doctor, Nurse, EMSP):** Click here to enter text.

**LOCATION**: Oxford Civic Center

 401 McCullars Lane

 Oxford, Alabama 36203

**COST: FREE (Lunch and snacks will be provided)**

**TIME:** Registration 7:30 am CST. Full Agenda to follow later.

**DATE: April 24, 2024**

**CONTACT:** East Alabama EMS, Inc. (Region 2) 205.763.8400

**RETURN FORM TO:** East Alabama EMS, Inc.

Fax 205-863-8402 or **Email:** allan.pace@eastalabamaems.com

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