Organization ________________________________________________________________
Address ____________________________________________________________________
Contact person ____________________________  Email ____________________________
Phone ____________________
Amount requested ____________________     Date of event ________________________
Type of event         __ Refresher    ___ Mini-conference        __ Class      ___ Other
Please tell us about your event, including number of people expected, number of CE’s to be offered, level(s) of audience (e.g., EMT’s, Paramedics, RN’s, etc.), and how you plan to spend the requested funding from the NMEMTA. Attach no more than one additional page if needed.
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Please attach any fliers, promo emails, agenda, or other information that will support your request.

If funding is approved, Applicant agrees to acknowledge NMEMTA’s contribution in printed and promo materials. Applicant agrees to provide receipts for expenditures (as requested) and a post-event summary report to NMEMTA. Send to: sbmayeux@gmail.com

Applicant signature ____________________________     Date _____________________

Approved (NMEMTA Board) ____________________         Funded _________________