



EUSEM

VIRTUAL 2020

19-22 SEPTEMBER

THE EUROPEAN EMERGENCY MEDICINE CONGRESS

**SIMULATION
COMPETITION
REGISTRATION**

Please send this registration form **BY EMAIL** to audrey.martin@mcocongres.com - EUSEM 2020
Contact: Audrey Martin - Phone: +33 4 95 09 38 00 - Fax: +33 4 95 09 38 01

TEAM CAPTAIN

First Name **Last Name**

Address

City Postal/Zip Code..... Country.....

Phone Fax

Email (mandatory)

Important note: The team members must be registered to the congress.

The team should be composed of 3 members: a physician as team leader/captain, a paramedic and a nurse.

To understand the organization and process please watch the video <https://m.youtube.com/watch?v=PWwyKALOC1I&feature=youtu.be>

TEAM MEMBERS

First Name **Last Name**

Address

City Postal/Zip Code..... Country.....

Phone Fax

Email (mandatory)

Paramedic Nurse Physician Other

First Name **Last Name**

Address

City Postal/Zip Code..... Country.....

Phone Fax

Email (mandatory)

Paramedic Nurse Physician Other

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