



## Registration Form

### *Ankylosing Spondylitis: Managing Patients in an Emergency Setting, A Primer for First Responders Training Video*

Please complete this form and return it to Melissa Velez Coelho by e-mail [melissa.velez@spondylitis.org](mailto:melissa.velez@spondylitis.org), by mail to 14827 Ventura Blvd., Ste. 222, Sherman Oaks, CA 91403 or by fax to (818) 981-9826.

Name:

Address:

City, State, and ZIP:

Are you a Member of SAA? Yes \_\_\_\_\_ No \_\_\_\_\_

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I am requesting \_\_\_\_\_ (how many?) copies of the training video. (Limit of 5 per request).

I will distribute SAA's Training Video *Ankylosing Spondylitis: Managing Patients in an Emergency Setting, A Primer for First Responders* to the following emergency first responders (firefighters, Emergency Medical Services, etc.) in my community:

EXAMPLE
<b>Name of First Responders:</b> Fire station USA # 12
<b>Contact Person:</b> First Chief Joe Brown
<b>Address/Location:</b> 1234 ABC Street
<b>City, State Zip Code:</b> Anywhere, CA 91056

1.

<b>Name of First Responders:</b>
<b>Contact Person:</b>
<b>Address/Location:</b>
<b>City, State Zip Code:</b>

2.

<b>Name of First Responders:</b>
<b>Contact Person:</b>
<b>Address/Location:</b>
<b>City, State Zip Code:</b>

3.

<b>Name of First Responders:</b>
<b>Contact Person:</b>
<b>Address/Location:</b>
<b>City, State Zip Code:</b>

4.

<b>Name of First Responders:</b>
<b>Contact Person:</b>
<b>Address/Location:</b>
<b>City, State Zip Code:</b>

5.

<b>Name of First Responders:</b>
<b>Contact Person:</b>
<b>Address/Location:</b>
<b>City, State Zip Code:</b>