



**PARTICIPATION CONFIRMATION**  
**Award Ceremony, Monday, June 22, 2009 @ The Arlington Convention Center**

**FAX THIS FORM TO (972) 602-7182 or Email to: [jswartz@careflite.org](mailto:jswartz@careflite.org)**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Great First Responder to be honored: \_\_\_\_\_

EMT       Paramedic     Fire Fighter    Peace Officer       Other

**Please email a photo of this Great First Responder to [jswartz@careflite.org](mailto:jswartz@careflite.org).**

Please describe why this person is being honored as a 2008 Great First Responder:

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