



Outreach Education Request

Please print out this form and fax or mail to the address at the bottom of this form.

Department Name: _____

In which county are you located? _____

Do you have a facility to hold the course? Yes No

If so what is the name of the facility? _____

What are the four primary areas you would like for us to cover in the lectures?

Contact Name: _____

Contact Phone Number: _____

Dates you would be interested in having us out:

Please tell us about other educational needs you may have (ACLS, CPR, BTLS, etc...)

Fax to: 972-988-3144

Mail to:

CareFlite
Attn: Outreach Education
3110 S. Great Southwest Pkwy.
Grand Prairie, TX 75052

OFFICE USE ONLY

Date received: _____

Date scheduled: _____