

 **Northeast**
Wisconsin Technical College
EMERGENCY CONTACT FORM

Participants Name: _____ Date _____

Physical Address: _____

City: _____ WI Zip: _____

Local Phone: _____ Cell Phone: _____

Email: _____

Trip Information:

Trip destination: _____

Dates of trip: _____

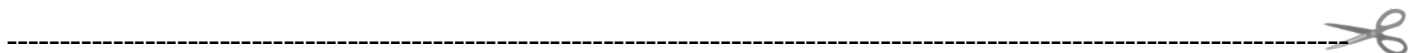
In Case of an Emergency, Please Contact:

Name: _____ Relationship _____

Work Phone: _____ Home Phone: _____

Address: _____

City: _____ State _____ Zip: _____



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