



**2018 Minnesota Stars of Life Program  
Tuesday, March 20, 2018  
Registration Form**

*Deadline February 13, 2018*

- Please complete one form per star.
- Please include a recent color photograph, headshot only. Include Star's name with the photo. If possible, please email the photo to [debgillquist@mnems.org](mailto:debgillquist@mnems.org)

Star's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

*(The Star's home address is for the purpose of identifying the House and Senate members the Star is a constituent of in order to schedule legislative appointments and will not be used for any other purpose by the MAA.)*

Title \_\_\_\_\_ Length of Service \_\_\_\_\_

Star's email address \_\_\_\_\_

EMS Service \_\_\_\_\_

Name of Host \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Biography: On a separate sheet, using the categories below, please tell us about your Star by summarizing the reasons this individual is being honored (500 words or less):

- Describe the reason this person is being honored
- Describe a distinguishing personal trait
- Describe work experience
- Describe notable personal interests
- Describe an event or experience that exhibits this individual's commitment to exemplary courage during service

**MAIL OR EMAIL ALL REGISTRATION MATERIALS BY FEBRUARY 13, 2018**

**Minnesota Ambulance Association  
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651-775-7400  
[debgillquist@mnems.org](mailto:debgillquist@mnems.org)**