

# 2017 Stars of Life Program Biography Form

Please complete one form per STAR. **This information can also be emailed to [executivedirector@aa-pa.org](mailto:executivedirector@aa-pa.org).**

Please send the form(s), along with your event registration **before August 21, 2017.**

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

Title: \_\_\_\_\_ Length of Service (years): \_\_\_\_\_

Sponsoring Ambulance Service: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor Title: \_\_\_\_\_

Sponsor Phone: \_\_\_\_\_ Sponsor e-mail: \_\_\_\_\_

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Please summarize the reason(s) this individual is being honored as a *Pennsylvania Star of Life*.

Describe the reason this person is being honored (50 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe his/her work experience (20 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a distinguishing personal trait (20 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe notable personal interests or accomplishments (20 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2017 Pennsylvania Stars of Life Program Registration Form

**Registration Deadline: August 21, 2017**

**This information can also be emailed to [executivedirector@aa-pa.org](mailto:executivedirector@aa-pa.org).**

Sponsoring Ambulance Service: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Star of Life (employee) Name: \_\_\_\_\_

*\*\*Please list the STAR's name exactly as you would like it to appear on their award.*

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Guest or Sponsor name(s) who will attend with this Star:

Name: \_\_\_\_\_  Guest  Sponsor

Name: \_\_\_\_\_  Guest  Sponsor

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**See the official registration form for registration fees for this event.**

*Please copy this form to sponsor additional STARS.*

Instructions:

**To register your star(s), return the Star Biography form for each Star and this Star registration form along with the official registration form and payment to:**

Pennsylvania EMS Provider Foundation  
PO Box 60183  
Harrisburg, PA 17106-0183

If you have any questions, please call Heather Sharar at 717-512-5609.