**Northwest Health Services Coalition Contact Information Form**

**Date last updated: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Email Form to: amy.card@sanfordhealth.org**

|  |  |
| --- | --- |
| **FACILITY INFORMATION** | |
| Name |  |
| Main Phone |  |
| Emergency Department Phone |  |
| Emergency Contact Phone |  |
| Command Center Phone (if applicable) |  |
| Address | |
| Street |  |
| City |  |
| County |  |
| Zip |  |
| **FACILITY ADMINISTRATOR** | |
| Name |  |
| Department/Title |  |
| Primary Phone |  |
| Cellular Phone |  |
| Fax |  |
| Email address |  |
| **PRIMARY REGIONAL REPRESENTATIVE** | |
| Name |  |
| Department/Title |  |
| Primary Phone |  |
| Cellular Phone |  |
| Fax |  |
| Email address |  |
| **ALTERNATE REGIONAL REPRESENTATIVE** | |
| Name |  |
| Department/Title |  |
| Primary Phone |  |
| Cellular Phone |  |
| Fax |  |
| Email address |  |
| **MNTRAC CONTACT** | |
| Name |  |
| Department/Title |  |
| Primary Phone |  |
| Cellular Phone |  |
| Fax |  |
| Email address |  |
|  |  |