**Northwest Health Services Coalition Contact Information Form**

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

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| **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 |   |
|   |   |