

2010 Midwest Cardiorespiratory Diagnostics Seminar Registration Form

Date: April 16, 2010

Tuition: \$250

Please print this form.

Print to ensure correct spelling on your certificate of course completion.

Name: _____

Credentials: _____ AARC Member #: _____

Title: _____

Facility: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

*Note: To receive AARC credit, your AARC member number must be included with your registration.
It is the responsibility of the participant to obtain equivalent credits.

Payment may be made by check, money order, Visa or MasterCard.

() My check for \$_____ made payable to Medical Graphics Corporation, is enclosed.

() Please charge _____ registration(s) to my credit card for a total of \$_____ () MasterCard () Visa

Card No.: _____ Expiration date: _____

CVV number from the back of the card: _____ Today's date: _____

Print Cardholder Name: _____

Cardholder Signature: _____

Billing Address: _____

City/State/Zip: _____

*Note: Topics, faculty, presentation times, and schedule are subject to change.

Please return this registration form with your tuition payment to:

Medical Graphics Corporation
Educational Programs
350 Oak Grove Parkway
St. Paul, MN 55127-8599

Contact: Jessica Hinz or Lisa Knepper
Email: seminar@medgraphics.com
Tel: (800) 950-5597
Fax: (651) 379-8214