



Tuition: \$700.00

Date: Oct. 3-5, 2011

Please print or type your information into this form to ensure correct spelling on your certificate of course completion.

Name: _____

Credentials: _____ AARC Member # _____

Title: _____

Facility: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Email: _____

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. _____

CVV number from the back of the card: _____ Expiration date: _____

Today's date: _____ Print Cardholder Name: _____

Cardholder Signature: _____

Billing Address: _____

City, State (Province) _____

ZIP Code _____ Referred by: _____

Please return this registration form with your tuition payment to:

Contact: Courtney Ternes
email: seminar@medgraphics.com
Tel: (800) 950-5597
Fax: (651) 379-8244

Medical Graphics Corporation
Educational Programs
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