

Cardiorespiratory Diagnostics 2018 Seminar Registration Form October 22-24, 2018

Tuition: \$825 (if registered before Aug. 22, 2018)

\$875 (if registered between Aug. 22 & Sept. 22, 2018)

\$950 (if registered after Sept. 22, 2018)

Includes: electronic course syllabus, agenda with notepad, MGC Diagnostics tote bag, breakfast, breaks and lunch.

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

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Name:					
Credentials:		AARC Member #:			
Facility:					
Address:					
City / State / Zip:					
Phone:			Fax:		
Email:		Re	ferred by:		
City/State to be Liste	ed on Name Badge:				
		made by check, money o			
Pricing (see above) is	based on date this	registration form is rec	eived, not dated	<u>l.</u>	
My check for \$ made payable to MGC Diagnostics Corporation is enclosed.					
Please charge \$	to	my credit card.	Maste	erCard Ovi	sa
	Card #:				
CVV number (from the back of card):	:	Expira	tion date:	
Today's o	date:	Print Cardholder Name:			
Cardholder Signat	ture:				
Billing Add	ress:				
City, State (Provi	nce):				
ZIP Code:					
Please return this registration form with your tuition payment to: For MGC Personnel Use Only					
Attn: Courtney Beaton email: seminar@mgcdiagnostics.com or private fax: (651) 379-8244		MGC Diagnostics Corporation Educational Programs 350 Oak Grove Parkway St. Paul, MN 55127-8599		Date Form Received:	

For additional information, contact Courtney Beaton at (800) 950-5597