



MGC DIAGNOSTICS®

Cardiorespiratory Diagnostics 2017 Seminar Registration Form October 16-18, 2017

Tuition: \$825 (if registered before Aug. 16, 2017)
\$875 (if registered between Aug. 16 & Sept. 16, 2017)
\$925 (if registered after Sept. 16, 2017)

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.

Name:

Credentials: AARC Member #:

Facility:

Address:

City / State / Zip:

Phone: Fax:

Email: Referred by:

City/State to be Listed on Name Badge:

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

Pricing (see above) is based on date this registration form is received, not dated.

My check for \$ made payable to **MGC Diagnostics Corporation** is enclosed.

Please charge \$ to my credit card. MasterCard Visa

Card #:

CVV number (from the back of card): Expiration date:

Today's date: Print Cardholder Name:

Cardholder Signature:

Billing Address:

City, State (Province):

ZIP Code:

Please return this registration form with your tuition payment to:

Attn: Courtney Gaul
email: seminar@mgcdiagnostics.com
or
private fax: (651) 379-8244

MGC Diagnostics Corporation
Educational Programs
350 Oak Grove Parkway
St. Paul, MN 55127-8599

For MGC Personnel
Use Only

Date Form Received:

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