

2009

BIOMEDICAL ENGINEERING TRAINING SCHEDULE

2009

| QTEL RMS | Q-STRESS / TREADMILL |
|---|--|
| Tuition \$2000.00 | Tuition \$3000.00 |
| Jan 27-28 May 12-13 September 1-2 | February 3-5 May 5-7 September 15-17 |

*******CLASS HOURS 8:00 am to 4:30 pm*******

| Class Format | Registration | Tuition |
|--|--|--|
| Classes are designed to provide Biomedical Engineers with the technical information needed to service Cardiac Science products. Each Participant will receive operator and service manuals and supplementary information for the system they are being trained on. Outlines for each class are available upon request. | <ul style="list-style-type: none"> Class sizes are limited and are on a first-come, first-serve basis. Your reservation in a class is confirmed upon receipt of a purchase order or check. There is a \$100.00 cancellation fee if participation is cancelled within 30 days of scheduled class. Classes may be cancelled up to one month prior to the scheduled date if participation falls below minimum levels. | Tuition covers training and handout materials. Additional costs such as hotel accommodations, meals, ground and air transportation are not covered as part of the tuition fee. |

Directions from Sea-Tac International Airport:

- Take I-405 Northbound for approximately 27 miles.
- Take Exit 24 (NE 195th St. and Beardslee Blvd)
- Turn right at the top of the exit ramp onto NE 195th St. Proceed 0.4 miles to 120th Ave NE (stop light)
- Turn left and proceed 0.6 miles to Monte Villa Parkway. Turn left into the Monte Villa Office Park. Cardiac Science is at the end of the Parkway on the right.

For additional information about registration, call 1-800-426-0337 ext 2173.



Please mail the registration form below to Cardiac Science with your check or purchase order, or fax the form with your purchase order number to:

FAX: (425) 402-2010
Attn: Jennifer Gearin



3303 Monte Villa Parkway
Bothell, WA 98021-8969
USA & Canada: 800-426-0538
Telephone: 425-402-2000
Fax: 425-402-2010

*******BIOMEDICAL ENGINEERING TRAINING REGISTRATION FORM*******

Name of Class (please circle): **Q-Tel RMS** **Q-STRESS**

Participants Name(s): _____

Facility Name: _____ Ph#: _____ Fax: _____

Address: _____

E-Mail Address: _____

*Tuition (P.O. or Check #): _____

Cardiac Science Use ONLY:

*If class was prepaid with system purchase please include invoice number or copy of invoice showing tuition purchase.