

12 Lead EKG & Stress Testing Registration Form

St. Louis (April 27-28, 2010)

Chicago (September 28-29, 2010)

**Please fax this form to 217-787-6020 or mail with full payment to: Critical Care ED
6701 Bunker Hill Rd. New Berlin, Illinois 62670. Faxed registration must be followed
in 10 days with check payment or the registration will be cancelled.**

FORM:

NAME: _____

POSITION/TITLE: _____

LICENSE#: _____ Last 4 digits of SS#: _____

INSTITUTION: _____

INSTITUTION ADDRESS: _____

CITY/STATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: [w] _____ [h] _____

EMAIL: _____

PROGRAMS: Please check the programs you wish to attend.

St. Louis (April 27-28, 2010).....\$ 220.00
(\$ 250.00 if 14 days or less before the course)

Chicago (September 28-29, 2010).....\$ 280.00
(\$ 310.00 if 14 days or less before the course)

PAYMENT: Check Credit Card

Amount: _____ Mastercard VISA American Express

Expiration Date: _____ Card Number: _____