

Order and Disorder Registration Form

**Basics of Pacemakers and ICDs
St. Louis (February 27, 2012)**

**Update in Arrhythmia Assesment and Management
St. Louis (February 28, 2012)**

**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: _____

YEARS OF EP EXPERIENCE: _____

HOURS OF PRIOR EP INSTRUCTION: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: [h] _____ [w] _____

EMAIL: _____

PROGRAMS: Please check the programs you wish to attend.

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PAYMENT: Check Credit Card

Amount: _____ Mastercard VISA American Express

Expiration Date: _____ Card Number: _____