

# REGISTRATION

## EDGE Basic Guidewire, Catheter, and Imaging Skills Course for the Cardiac Surgeon

### Step 1: Choose Course Date

PROGRAM DATES:

2007

- |                                                 |                                          |
|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> March 29-30 - SOLD OUT | <input type="checkbox"/> August 23-24    |
| <input type="checkbox"/> April 26-27 - SOLD OUT | <input type="checkbox"/> September 20-21 |
| <input type="checkbox"/> May 17-18 - SOLD OUT   | <input type="checkbox"/> October 25-26   |
| <input type="checkbox"/> June 28-29             | <input type="checkbox"/> November 15-16  |
| <input type="checkbox"/> July 26-27             |                                          |

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### Step 2: Complete Registrant Info

Participant Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

#### MEDICAL SPECIALTY

Cardiac Surgeon  Other: \_\_\_\_\_ STS Member:  Yes  No

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### Step 3: Payment Info

By Credit Card:  VISA  MasterCard  American Express  Discover

Name as it appears on card: \_\_\_\_\_

Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

By Check:  Enclosed  Sent Separately

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### Step 4: Send Registration/Payment Info

#### Option 1 - Fax Registration:

Fax registration to: Medtronic EDGE<sup>SM</sup> Endovascular Customer Education  
Attention: Charlene Luppino • FAX: 763-391-9283

Note: If registering by fax and paying by check, please send your registration fee made payable to Medtronic, Inc.

**Option 2 - Mail Registration:** Charlene Luppino  
Medtronic Cardiac Surgery  
7601 Northland Drive  
Brooklyn Park, MN 55428  
Tel: 763-391-9284