

REGISTRATION

EDGE Advanced Endosurgical Training Course for Cardiac Surgery Teams

Step 1: Choose Course Date

October 18-19, 2007

February 7-8, 2008

Step 2: Complete Registrant Info

Participant Name: _____

Office Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Contact Name: _____

Primary Hospital: _____

Medical Speciality

Cardiac Surgeon Perfusionist Physician's Assistant Scrub Nurse

Scrub Technician Nurse Practitioner Nurse Other: _____

STS Member: Yes No

Attending with (Cardiac Surgeon's Name) _____

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

Step 4: Send Registration/Payment Info

Option 1 - Fax Registration:

Fax registration to: Medtronic EDGESM Endovascular Customer Education
Attention: Charlene Luppino • FAX: 763-391-9283

Note: If registering by fax and paying by check, please send your registration fee (\$1295 for non-STS member cardiac surgeons, \$1195 for STS members, \$695 for cardiac surgery staff members), plus \$68 in-bound ground transportation 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