

Requested Course Date & Title
(refer to training calendar)

Course Selection:
(please select one)

Operation/Software OR Maintenance/Hardware

Name: _____

Title: _____

Institution/Company: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

Model Type: _____

Serial Number: _____

****Form of Payment:****

Tuition package CareFusion Order Number _____ Includes: tuition, course materials, lunches and hotel room & tax.
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() Visa or Master Card
 Expiration Date: _____
 Card Number: _____
 Authorized Signature: _____

Send registration for to:

US Mail

CareFusion NeuroCare
 Wendy Thomas, Training Coordinator
 1850 Deming Way
 Middleton, WI 53562
 Fax: 608-829-8800
 Phone: 800-356-0007 ext.8641
wendy.thomas@carefusion.com

FAX:

Email:



CareFusion reserves the right to cancel a course due to the lack of minimum enrollment. Three weeks prior to the class, a confirmation letter will be faxed to you, confirming that the class will be held. The letter will give you information about making flight and hotel reservations. Do not make reservations prior to receiving your confirmation letter. Nicolet will not be held responsible for airfare penalties incurred due to classes being rescheduled.

Signature

Date