



Requested Course Date & Title
(refer to training calendar)

Course Selection: Operation/Software OR Maintenance/Hardware
(please select one)

Name: _____

Title: _____

Institution/Company: _____

Address: _____

City, State, Zip: _____

Business Telephone: _____

Fax Number: _____

E-mail address: _____

Model Type: _____

Serial Number: _____

Form of payment: Credit Card Purchase Order Job Number

Credit Card No: _____

Expiration date: _____

Authorized signature: _____

Purchase Order No: _____

Job Order No: _____

Send registration for to:

US Mail

CareFusion NeuroCare
Cynthia McDaniel, Training Coordinator
1850 Deming Way
Middleton, WI 53562

FAX:

Fax: 608-441-2160
Phone: 800-356-0007 ext. 8641

Email:

cynthia.mcdaniel@CareFusion.com



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