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Thank you for your interest in the MindWare Impedance Cardiography seminar to be held in Columbus, OH on June 10 – 11, 2017. Since we want to be able to provide time for interaction and personalized discussions, THIS SEMINAR IS LIMITED TO 30 PEOPLE. Our seminars always fill up quickly, so be sure to reserve your spot soon!

**MINDWARE IMPEDANCE CARDIOGRAPHY SEMINAR & WORKSHOP
EMBASSY SUITES COLUMBUS AIRPORT
June 10 – 11, 2017**

LAB INFORMATION

Lab Name _____
Contact Name _____
Contact Email _____
Institution _____
Address _____

attendees _____

PAYMENT

\$295.00 USD per non-student attendee (\$295.00 x _____) = \$ _____*
\$250.00 USD per student attendee (\$250.00 x _____) = \$ _____*

_____ Check enclosed (payable to MindWare Technologies)
_____ Credit card # _____
Exp. Date ____/____ 3-digit security code _____
Print name on card _____
Signature _____
Cardholder's address _____

50% refund within 30 days of meeting. No refunds thereafter.

* **Early Bird Discount:** Register and pay BEFORE April 1, 2017 and save \$25 per attendee!

ATTENDEE INFORMATION

Attendee 1: _____
Title: _____
Email: _____

Attendee 2: _____
Title: _____
Email: _____

Attendee 3: _____
Title: _____
Email: _____

RECEPTION

A networking reception (cocktails and hot/cold hors d'oeuvres) is provided gratis by MindWare Technologies from 5:30 – 7:30 pm the evening of Day 1 for seminar registrants.

HOUSING

A block of rooms has been reserved at the Embassy Suites Columbus Airport, 2886 Airport Drive, Columbus, Ohio 43219. We have negotiated a reduced rate of \$139.00/night (if booked through us). This price includes free breakfast, free evening manager's reception, and free transportation from and back to the airport. We will make your reservation(s) and forward your confirmation number(s). Payment will be due by you upon your arrival. Please indicate your rooming requirements below:

Room #1

adults _____

Name on reservation _____

Arrival date _____ Departure date _____

Two doubles _____ Queen _____

Room #2

adults _____

Name on reservation _____

Arrival date _____ Departure date _____

Two doubles _____ Queen _____

Room #3

adults _____

Name on reservation _____

Arrival date _____ Departure date _____

Two doubles _____ Queen _____

Mail or fax registration form to:

MindWare Impedance Cardiography Seminar
c/o Susan Berntson, Seminar Coordinator
114 St. Julien Street
Worthington, OH 43085
Fax: (614) 547-7018

Address seminar questions to:

Susan Berntson, Seminar Coordinator
Email: susanberntson1@gmail.com