

# MD Imaging Network Training Course Registration Form 14201

14201 West Sunrise Blvd., Suite 102, Fort Lauderdale, FL 33323  
 Phone: 954.617.8888 Fax: 954.450.5209 Email: info@mdimagingnetwork.com Web: mdimagingnetwork.com

Course / Site	Date	Cost
<b>TOTAL</b>		_____

We will contact you shortly to finalize your registration at the telephone number you have provided below.

Background Info	
Full Name: _____	
Profession: <input type="radio"/> Cardiologist <input type="radio"/> Radiologist <input type="radio"/> Technologist <input type="radio"/> Fellow <input type="radio"/> Other	
Street Address: _____	
City, State, Zip: _____	
Direct Phone: _____	
E-mail: _____	
Lunch Meal: <input type="radio"/> Vegetarian <input type="radio"/> Regular (No Pork)	

Cardiac CTA Experience			
Your Exam Experience	# Mentored	# Self	Subtotal
Library Cases with Contrast	_____	_____	_____
Library Cases without contrast	_____	_____	_____
Live Cases with Contrast	_____	_____	_____
Live Cases without Contrast	_____	_____	_____

Cardiac CTA Training History			
Date	Course Location	Course Name	Course Instructor
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# MD Imaging Network Training Course Registration Form

510 Shotgun Road, Suite 140, Fort Lauderdale, FL 33326

Phone: 954.617.8888 Fax: 954.617.8889 Email: info@mdimagingnetwork.com Web: mdimagingnetwork.com

**Payment Methods:** We accept all major credit cards. You may also pay by check. The first deposit of \$4,500 is non-refundable, and is required at the time of registration to guarantee your seat. The remainder of your course tuition is due 30 days prior to the beginning of the course.

**Payment Policy:** Discounts honored only if paying by check. Credit card required at time of registration to hold your seat. You will have 9 business days to deliver your Tuition Check to the address below. If 9 days has passed and the Tuition Check has not been received, all discounts will be forfeited and your credit card will be charged the full tuition.

**Send Check:**  Payable to: MDIN Send to: "15751 Sheridan St, Suite 306, Ft. Lauderdale, FL 33331"  
**Credit Card:**  VISA  Master Card  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Security PIN \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

\* All information is confidential.

\* All courses may be subject to 2 persons per workstation depending on class size.

\*If paying by check , valid Credit Card payment information is required at time of registration to reserve your seat. You will have 9 business days to deliver a check of the amount due. To receive the \$200 dollar instant discount you must pay the total tuition by check.

**Cancellation Policy:** If you are unable to attend your scheduled course you may change to another date for a change fee of \$500. The new (changed) course must be rescheduled no more than 6 months from the originally scheduled course, and no less than 30 days before the changed course starts. All changes or cancellations made by the attendee must be submitted in writing via registered mail and Post Marked no less than 30 days prior to the originally registered course. If the attendee changes or cancels the course LESS THAN 30 DAYS prior to the registered course, the full tuition are rendered NON-REFUNDABLE.

**Disclaimer:** MDIN reserves the right to cancel or reschedule any courses, including rescheduling attendees, due to insufficient registration or circumstances beyond its control. In the event of a cancellation or rescheduling of a course, registrants will be notified on the earliest possible date. If MDIN reschedules or cancels a course, the Registrant can register for another available course, without incurring the \$500 change fee. If the course is cancelled by MDIN and there is no course offered by MDIN within six months from the original course date, registration fees for the course will be refunded in full. However, MDIN is not liable for any loss, damages, or expenses including travel arrangements, hotel, and transportation that such cancellations may have incurred.

You are agreeing to all terms and conditions described above, with the voluntary submission of your personal and payment information with or without your signature submitted by fax, Email, or verbally, over the phone.

**You may phone in your registration at (954) 617-8888**

**Sign here if you sent the form by Fax:**

**Initial here if you sent the form by Email:**