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**Oxygen Safety. FDA & DOT Regulatory Training Seminar worth 4.5 contact hours Continuing Respiratory Education (CRCE) credit by the American Association for Respiratory Care (AARC).
 SEMINAR REGISTRATION FORM – SCHEDULE FOR January 2010 through April 2010**

COMPANY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____ FAX: _____

ATTENDEE(S) NAME(S): _____

PLEASE PLACE AN X NEXT TO THE DESIRED SEMINAR YOU WISH TO ATTEND, Note: All seminars include lunch.

X	Date	Seminar City/State	Location	Early Registration	Late Registration
	Tuesday 1/12/10 10:00am-4:00pm	Raleigh, NC	Raleigh Marriott Crabtree Valley 4500 Marriott Drive Raleigh, NC 27612	\$260.00 by 12/11/09	\$290.00 per attendee
	Tuesday 1/26/10 10:00am-4:00pm	Philadelphia, PA	Renaissance Philadelphia 500 Stevens Drive Philadelphia, PA 19113	\$260.00 by 12/23/09	\$290.00 per attendee
	Tuesday 2/2/10 10:00am-4:00pm	Orlando, FL	Orlando Airport Marriott 7499 Augusta National Drive Orlando, FL 32822	\$260.00 by 1/5/10	\$290.00 per attendee
	Tuesday 2/16/10 10:00am-4:00pm	Oak Brook, IL	Renaissance Oak Brook 2100 Spring Road Oak Brook, IL 60523	\$260.00 by 1/19/10	\$290.00 per attendee
	Tuesday 3/9/10 10:00am-4:00pm	Phoenix, AZ	Phoenix Airport Marriott 1101 North 44 th Street Phoenix, AZ 85008	\$260.00 by 2/2/10	\$290.00 per attendee
	Tuesday 3/23/10 10:00am-4:00pm	Nashville, TN	Nashville Airport Marriott 600 Marriott Drive Nashville, TN 37214	\$260.00 by 2/23/10	\$290.00 per attendee
	Tuesday 4/13/10 10:00am-4:00pm	REGULATORY & FDA North Olmsted, OH	Radisson Hotel Country Club Blvd. North Olmsted, OH 44070	\$260.00 by 3/12/10	\$290.00 per attendee
	Wednesday 4/14/10 10:00am-4:00pm	SYSTEMS OPERATIONS & MAINTENANCE SEMINAR Westlake, OH	Applied Home Healthcare 28825 Ranney Parkway Westlake, OH 44145	\$260.00 by 3/12/10	\$290.00 per attendee
	Tuesday 4/27/10 10:00am-4:00pm	Oklahoma City, OK	Courtyard by Marriott 2 West Reno Avenue Oklahoma City, OK 73102	\$260.00 by 3/26/10	\$290.00 per attendee

SEMINAR REGISTRATION MUST BE ACCOMPANIED BY PAYMENT. FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTER CARD, AMERICAN EXPRESS OR COMPANY CHECK. SEMINARS MUST BE PAID IN FULL PRIOR TO SEMINAR DATE. PLEASE COMPLETE THE FOLLOWING FOR CREDIT CARD PAYMENT:

CREDIT CARD # _____ **Expiration Date** _____

Cardholder Name: _____ **CCV:** _____

Billing Address _____

For Credit Card: _____

City: _____ **State:** _____ **Zip Code:** _____

I agree to perform the obligations set forth by the cardholder's agreement with the issuer.

Cardholder Signature: _____

Note: You will receive a faxed confirmation, if you do NOT receive, please call our customer service dep't. at 888-327-7301, press 1