

HPSN pre-conference Registration Form

Please complete this form for each attendee and email to ptringer@meti.com prior to expected attendance. METI will be providing lunch for the all day courses. If you have special dietary restrictions, please let us know.

| | |
|---|--|
| Attendee Name: | |
| Position: | |
| Organization: | |
| Address: | |
| Telephone (include international dialing code): | |
| Email Address: | |

HPSN Europe pre-conference course (please indicate your choice):

Muse[®] software basic training

November 25, 2011, 9:00 – 12:30, Course fee 100 EUR

Muse[®] software advanced training

November 25, 2011, 13:30 – 17:00, Course fee 100 EUR

LearningSpace[®] basic training

November 25, 2011, 9:00 – 12:30, Course fee 100 EUR

LearningSpace[®] advanced training

November 25, 2011, 13:30 – 17:00, Course fee 100 EUR

How to set up a simulator based crew resource management curriculum

November 25, 2011, 9:00 – 17.00, Course fee 200 EUR

Customer Billing Information Form

Cancellation Policy for Training:

The customer may cancel, without penalty, any training scheduled at the METI Education & Training Facility provided a written notice is received at METI 10 business days prior to the scheduled training date. If notice is not received by METI at least 10 business days prior to the class starting date, the customer shall pay the full amount for the entire course.

Education and Training will contact you to confirm the training schedule 30 days before your training date. A minimum number of students are required for a class to be held. Therefore, it is METI'S recommendation that you wait to buy airline tickets until you receive confirmation.

| | |
|---|--|
| Billing Contact Name: | |
| Billing Address: | |
| Zip/Postal Code: | |
| City: | |
| Country: | |
| Phone (include international dialing code): | |
| Email: | |

Select form of payment:

Invoice to address above

Credit Card – see enclosed Credit Card authorization

Credit Card Authorization Form

I hereby authorize Medical Education Technologies, Inc. to charge my credit card in the amount of EUR

Please enter as applicable

| | |
|--------------------------|--|
| Card Type | |
| Card Number | |
| Valid From | |
| Expiry Date | |
| 3 Digit Security Number | |
| Billing Address for Card | |

Please email this back to Attn: Petra Trinker, ptrinker@meti.com