Neonatal and Pediatric ECMO Training Course

An ELSO Sponsored Course

Seattle Children’s Hospital

August 13-16, 2014

Seattle, WA

First Name:       Last Name:       Degree:

Institution

Address

City       State       Zip

Country

Telephone:

E-mail Address:

**Signature**:

**REGISTRATION FEES**

[ ]  $2,500 Extracorporeal Life Support in Neonatal and Pediatric Critical Care

[ ]  Vegetarian diet

Current or future utilized pump systems:

[ ]  Centrimag [ ]  Rotoflow [ ]  CardioHelp [ ]  Sorin Revolution Other:

***Payment:*** Please make check in U.S. funds drawn on a U.S. bank payable to **ELSO** or charge to a VISA, Discover, American Express or MasterCard.

[ ]  Check Attached **(U.S. Bank in U.S. dollars)** [ ]  Credit card

I hereby authorize ELSO to charge my credit card account the U.S. equivalent of the total registration fee.

Card #       Exp. Date       /

Signature:

***Mail to*:** ELSO Office, 2800 Plymouth Rd, Building 300, Room 303, Ann Arbor, MI 48109-2800 USA.

FAX if paying by credit card to: 734-998-6602. **DO NOT EMAIL CREDIT CARD DATA**.

Questions: E-mail: prycus@umich.edu or call 734-998-6601.

**Registration Policies**: • Payment MUST accompany form. • Cancellations in writing or by FAX only.

• No phone cancellations. • Before May 15, 2014 50% refund, after may 15, 2014 no refund.

**ELSO Use Only**: Method: B Ck P Ck MO Cash

Date: / /\_\_\_ Amt Paid: $ VISA MC Dis AE

Check/Approval #