

Training Reservation Request

I wish to reserve space in the following Vyaire Operator and/or Biomedical Training Course:

Course Name: _____ Course Dates: _____

Name of Your Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please list below the name(s) of those requesting to attend

First attendee:

Name: _____

Title: _____ Department: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

Second attendee :

Name: _____

Title: _____ Department: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

Comments: _____

Dietary Requirements: _____

Sales Order Number: _____ Institution Purchase Order Number: _____

Signature: _____ Date: _____

Please return to training department no later than 3 weeks prior to your requested course. Requests received after the cutoff period will be reviewed prior to approval. Please email to heather.montoya@vyaire.com

Vyaire reserves the right to cancel any course three (3) weeks in advance due to insufficient registration. Cancellations by students must be received three (3) weeks prior to the scheduled class date in order to obtain a credit for the course. Penalties may be applied if cancellation is received with less than a three (3) week notice.

Please wait to receive confirmation of your course registration before making any travel arrangements.

GLOBAL HEADQUARTERS

Vyaire Medical, Inc. | 26125 North Riverwoods Blvd | Mettawa, IL 60045, USA

vyaire.com

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