



121 Metropolitan Drive, Liverpool, NY 13088

Attn: CustomerCare From: _____

Co: InfiMed Inc. Co: _____

Fax: (315) 453-4550 Fax: _____

Ph: (315) 453 4545 Ph: _____

**INFIMED, INC. SERVICE SCHOOL
ENROLLMENT FORM FOR**

PlatinumOneRF/DSA

PlatinumOne Cardiac/EP

i4 DR

i5 RF/DSA

Dates of Training (found on Infimed.com)

Date: _____

From: _____
Print Name (Only one student per form please)

Purchase Order No:

Student: _____
Print Name & Title

Company: _____
Company To Be Billed

Address: _____

Phone No.: _____ Fax: _____

Please Fax Completed Form To: (315) 453-4550 Attn: CustomerCare