

BIOMEDICAL FOCUS CONFERENCE

March 17 & 18, 2008
Earle Brown Heritage Center
Minneapolis, Minnesota



REGISTRATION FORM

Please Print

Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Required conference use only

Required conference use only

Email: _____

Confirmations will be sent via email only

Conference Fees:

Full Conference

Monday, March 17

Tuesday, March 18

I am a **full member** of Minnesota ASQ Membership # _____

**Full Member
Rate**

**Non Member
Rate**

Single Day Rate

\$295

\$325

To Day Rate

\$525

\$575

Amount due: \$ _____

Method of Payment

Credit Card Payments: Visa, MasterCard, American Express, and Discover cards are accepted. Credit card payments may be made on line at www.mnasq.org

Check Payment: Please make checks payable to Biomedical Focus Conference and mail to the Biomedical Focus Conference: P.O. Box 9370, N. St. Paul, MN 55109

Cancellations:

Cancellations must be received in writing on or before March 1, 2008. A \$100.00 cancellation fee will apply. Cancellations received after March 1, 2008 will not be honored. Refunds will be processed after March 30, 2008.

Session Registration

111	121	131	141
112	122	132	142
113	123	133	143
114	124	134	144

Workshop Pre-Registration Required

You may select **ONE** Full Day workshop or **TWO** Half Day workshops

Full Day Workshops

W1: QSR

W2: Biomedical Auditing

W3: DOE

Half Day Workshops

MORNING WORKSHOPS

W4: Changing Regulations

W5: CAPA

W6: Handling Risk

AFTERNOON WORKSHOPS

W7: Software Validation

W8: FMEA

BIOMEDICAL FOCUS CONFERENCE

P.O. Box 9370 N. St. Paul, MN 55109 Phone: 651.779.1824 email: biomedicalfocus@mnasq.org