

ACCOUNT INFORMATION

Date _____

Name of Organization _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number () _____ - _____ Internet Address _____
 Type of Organization Hospital Cardiac Rehab Center Other _____
 Director of Marketing/Business Development _____
 Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____
 Hospital bed size _____ Coronary Angiograms per year _____
 Hospital Ownership _____ For Profit Non-Profit

PROGRAM COORDINATOR

Name _____ Title _____ Best Contact Time _____
 Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____

BILLING CONTACT

Name _____ Title _____ Best Contact Time _____
 Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____
 Address _____ City _____ State _____ Zip _____

ENROLLMENT

1. The Pocket EKG One-Time Account Enrollment Fee is \$950.
 Please select the applicable Pocket EKG enrollment option(s) below:
- Pocket EKG Card Service.....\$25.00 Per Card
 - Pediatric Pocket EKG Card Service.....\$25.00 Per Card

- The Pocket Angiogram One-Time Account Enrollment Fee is \$950.
 Please select the applicable Pocket Angiogram enrollment option below:
- Pocket Angiogram Card Service.....\$30.00 Per Card

2. Email the logo you want to appear on the Pocket EKG/Pocket Angiogram Card
 to: enrollment@cardiomarkllc.com

3. Mail a printout from your EKG machine, enrollment form and payment to:

CARDIOMARK LLC
 P.O. Box 929
 SAN LUIS OBISPO, CALIFORNIA 93406

4. I would like information on market exclusivity in my area?

Yes No