



PoC 120/140 and 360 2010 Training Schedule

Course curriculum has been modified to include pre-training and classroom training. In order to attend the classroom training, the student **MUST SUCCESSFULLY COMPLETE** the pre-training prerequisites for the course. **EFFECTIVE APRIL 19th**, we will be changing the current curriculum to the curriculum shown below.

Customer Kodak Point-of-Care 140/360	
Catalog #: 1007137	Course Code: P151
Class Dates:	April 19 - April 23, 2010
<p style="color: #e67e22;">This class replaces the PoC 120/140/360</p> <p>**Note: elearning component requirement must be completed before class attendance!**</p>	May 3 - May 7, 2010
	June 7 - June 11, 2010
	July 26 - July 30, 2010
	September 13 - September 17, 2010
Customer Kodak Point-of-Care 360	
Catalog #: 1007186	Course Code: P162
Class Dates:	June 22-June 24, 2010
<p style="color: #e67e22;">This three-day course is for those students that have completed the PoC 120/140/260 class</p> <p>**NOTE: elearning component requirement must be completed before class attendance!**</p>	* Limited Availability *
Customer Kodak Point-of-Care 140	
Catalog #: 1007202	Course Code: P163
Class Dates:	July 13- July 15, 2010
<p style="color: #e67e22;">This three-day course is for those students that have completed the PoC360 class.</p> <p>**NOTE: elearning component requirement must be completed before class attendance!**</p>	* Limited Availability *

Student is responsible for hotel, airline and auto reservations. Reservations should not be made until confirmation is received from Carestream Health, that scheduled course will be held.

Carestream reserves the right to cancel any course with less than three participants registered.

Accommodation Suggestions

The Hampton Inn
500 Center Place Drive
Rochester, NY 14615
585-663-6070

Holiday Inn Express
1635 Ridge Road West
Rochester, NY 14615
585-663-8400

Course Location

Carestream Health Training Center, 1049 Ridge Road West, Rochester, NY.

- *Classes begin promptly at 8:00 a.m. and conclude at 5:00 p.m. each day, unless specified otherwise.*
- *Students should allow at least 1--1/2 hours between completion of class and travel departure from Rochester on last day of course.*
- *Programs are structured with lectures, discussions and lab exercises.*

For details, please contact: Technical Training & Call Center-Americas

Phone: 1-800-810-0327, Option 3

Email: HI-Technical-Training@carestreamhealth.com

03.10



Technical Training Registration Form

For all Technical training - Fax to 800-445-9967

Includes: HCIS/PACS/RIS/IMS/CR/DR/DO

Questions regarding Technical Training call 800-810-0327 option 3

(To be completed by Attendee's Manager – Please print clearly or type information)

Attendee's Name		
Company Name TI-BA		
Company Mailing Address		Student Mailing Address
City		City
State, Zip Code		State, Zip Code
Attendee's Phone Number		Fax Number
Attendee's Email Address		
Class Selection	Class Name	Class Date
First Choice		
Second Choice		
Is the Attendee a direct employee of the Company noted above? (mark yes or no)	Yes	No
If not, who is the Attendee's employer?		
Attendee Technical Training Agreement		
<ol style="list-style-type: none"> All information (including but not limited to data, know-how, trade secrets, methods, resources, tools, designs and procedures) provided to the Attendee in connection with the technical training course is the property of Carestream Health, Inc. ("Carestream Health") This information shall remain the property of Carestream Health and shall only be used by the Attendee in connection with the operation, service, repair or maintenance of Carestream and Kodak medical imaging equipment. Attendee understands the proprietary nature of the information and agrees to take every reasonable precaution to protect such information from disclosure to third parties. Attendee will not copy or reproduce any material provided to Attendee in connection with the technical training course. In the event that the Attendee severs relationship with the employer noted within this document and/or Carestream Health, Attendee shall immediately cease using the above described information and such information shall be returned immediately to Carestream Health. Attendee agrees to indemnify Carestream Health against any losses incurred by Carestream Health, including reasonable counsel fees resulting from the breach of any provision of this agreement by Attendee. I have read and understand all of these requirements and responsibilities that accompany any Carestream Health technical training and agree to the terms and conditions herein. I acknowledge that I have read the technical training course description and meet all of the prerequisites to attend the class. 		
Attendee's Signature _____		
Manager's Signature		Date
Print Name		Manager's Email Address