

Registration for Demo-Workshop

Applicant / Institute / Company		_____	
		e-mail	
Name, Title		_____	
		Phone	
Company/Institute		_____	
		Street	
Department		_____	
		Zip-Code, Place	

Suggestion of Date Date: _____ Time from: _____ until: _____ **Velamed confirmation:**
Alternatively: Date: _____ Time from: _____ until: _____ **Velamed confirmation:**
 Duration of the workshop usually 3-4 hrs.

Participants from other institutes / companies (5 at a minimum)		
Name	Institute/company	e-mail
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Subjects You can have a look at three workshop examples on our website		
1.	Origin and nature of the EMG signal	<input type="checkbox"/>
2.	Neuromuscular innervation, motor unit recruitment	<input type="checkbox"/>
3.	Detection techniques and amplifier principles	<input type="checkbox"/>
4.	EMG in biomechanical setups	<input type="checkbox"/>
5.	Signal processing	<input type="checkbox"/>
6.	EMG analysis parameters and techniques	<input type="checkbox"/>
7.	Performance of individual on-site measurements with patients	<input type="checkbox"/>
8.	Interpretation strategies	<input type="checkbox"/>
9.	Application examples	<input type="checkbox"/>
10.	Other subject:	<input type="checkbox"/>

_____ Date
 _____ Signature
 _____ Velamed GmbH

Please send us this registration form per fax **FAX: 0049-221-9792992**

If you have any further questions please contact I. Konrad, Tel-Nr.: 0221-7910976, e-mail: i.konrad@velamed.com