



# Pocket EKG<sup>®</sup> Hospital Enrollment Form

## 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

## POCKET EKG PROGRAM COORDINATOR

Name \_\_\_\_\_ Title \_\_\_\_\_ Best Contact Time \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Estimated number of Pocket EKGs per week \_\_\_\_\_

## BILLING CONTACT

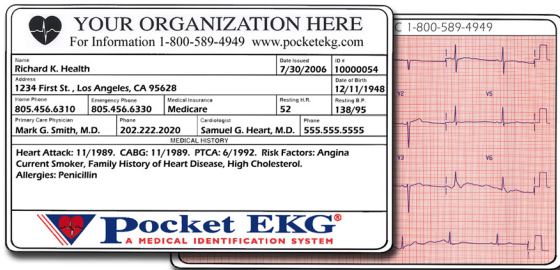
Name \_\_\_\_\_ Title \_\_\_\_\_ Best Contact Time \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

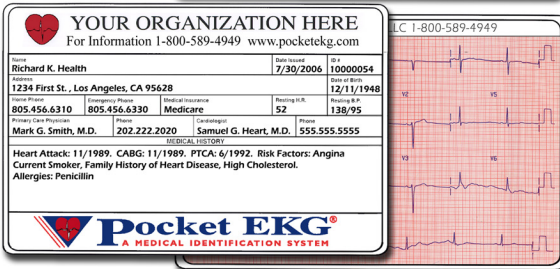
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ENROLLMENT AND CARD DESIGN (See Below)

1. Select the Pocket EKG Card Design (Please Check Option Below)



**Your Logo & Name Displayed on Upper Panel in Black & White**  
One-Time Account Enrollment Fee . . . . . \$650.00  
(Cost Per Patient Packet with Pocket EKG Card . . \$17.00)  
Billed Monthly Per Patient Packet as Ordered



**Your Logo & Name Displayed on Upper Panel in Full Color**  
One-Time Account Enrollment Fee . . . . . \$950.00  
(Cost Per Patient Packet with Pocket EKG Card . . \$18.00)  
Billed Monthly Per Patient Packet as Ordered

2. Enter enrollment fee amount \$ \_\_\_\_\_

3. Email the logo you want to appear on the Pocket EKG Card to [enrollment@cardiomarkllc.com](mailto:enrollment@cardiomarkllc.com)

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

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

Yes  No

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