



FUJIFILM Medical Systems U.S.A. Training Center

Fuji offers various training courses created for Technicians, Systems Administrators, and Technologists that **require complete and comprehensive instruction on all of Fuji's products**. These courses feature classroom lectures, comprehensive course materials, and hands on experience in a professional environment.

Registration:

Please read carefully! Missing or incomplete information will delay enrollment. To register for a class, please complete the attached Registration Form and "Distributor/Customer Service Training Agreement." **Include method of payment or documentation specifying payments or credits with your registration.**

Fax or e-mail to:

Fax: (203) 351-4703

E-mail: service.training@fujimed.com

FUJIFILM Medical Systems USA, Inc.

Training Department: **Attention - Scott Malota**

419 West Avenue

Stamford CT. 06902

Prerequisites:

All Service Training courses require a laptop computer with the following specifications. (This does not apply to the Professional Services CR Champion classes)

- Microsoft Windows 2000 or XP for DryPix classes
- Web browser installed
- Access to install software
- Accessories: CD/DVD Rom drive

Classroom Policies:

- No audible equipment is allowed in the classroom (Cell Phones/Pagers). If these items are required, the audible alert must be deactivated.
- No recording devices allowed.
- Laptop computers are used for classroom purposes only.
- Students not adhering to these policies will be asked to leave the class.

Course Confirmation and Cancellation:

A confirmation letter will be sent out approximately four to six weeks prior to the start date of the course. Your registration is not final until you receive a formal confirmation letter. We highly recommend that you do not make travel arrangements until the confirmation letter is received. Please inform Fuji of any cancellations at least two weeks prior to the start date of the course. You may reschedule for an alternate date. Refunds will not be issued in cases of cancellation within the two weeks prior to the start date of the course.

Disclaimer:

Fuji reserves the right to cancel any course two weeks in advance. All schedules and fees are subject to change.

FUJIFILM MEDICAL SYSTEMS USA, INC.

419 West Avenue • Stamford, Connecticut 06902 • (800) 446-5450 • (203) 351-4703 Training Department FAX



FUJIFILM Medical Systems U.S.A. Training Center

Service Training Request Form 2010

(For professional services training, see next page.)

Applicant's Employer: _____

Tuition Payment: Customer Credit Card Type/ Number & Exp date: _____

*****A PO, Credit Card (type/number/expiration) (Amex not accepted) or complete documentation of payment (if the tuition was included with equipment purchase or contract) must be faxed to the number below. Students will not be allowed to attend class until tuition has been verified!*****

Please note: Registration is not final until you receive a formal confirmation letter. The confirmation letter may be required to be shown when requesting the Fuji Rate at specified hotel.

Applicant's Name: _____

Full Mailing Address: _____

Business Phone #: _____ E-Mail: _____

(E-Mail required for course confirmation)

Course Name	Course Number	Tuition
Carbon/XL/XC (Non-Dealer)	(XCBNTRAINM)	\$6,000
DryPix 2000	(WDRY2KTRAINM)	\$6,000
DryPix 4000/5000/7000/DryPixLink/Station	(WDRY57KTRAINM)	\$6,000
FCR Mammography (Must have MI-101, XG5000, Flash IIP, and DP 4/5/7000)	(XMAMTRAINM)	\$6,000
FCR Go (Must have MI-101, Carbon, and Flash IIP)	(XFCRGOTRAINM)	\$4,000
Flash IIP (Must have any CR Class 1st. **See note below!)	(XIIPTRAINM)	\$4,000
FDR Velocity U/T (Must have MI 101)	(XVSTYTRAINM)	\$6,000
Intro to Medical Imaging 101	(MI101TRAINM)	\$1,650
FCR View/Prima	(XVWPRMATRAINM)	\$6,000
Speed Suite (Must have X-Ray Exp. Or 101 class)	(SPSUTRAINM)	\$6,000
UNITY (Must have MI 101 and Velocity)	(XUNITYTRAINM)	\$6,000
XG5000/CLEARVIEW-CS/Smart CR	(XSECRTRAINM)	\$6,000

**** Basic Flash IIP training is covered in all reader classes. The Flash IIP course is an advanced course that is only available to personnel outside of FUJIFilm Medical Systems Inc. USA as a prerequisite for FCR Mammo and FCR Go.**

Course Name and Number: _____

Preferred Date: _____ Alternate Date: _____

PLEASE FORWARD TUITION PAYMENTS, TRAINING AGREEMENT, AND REQUEST FORM TO:

E-Mail: service.training@fujimed.com Fax: (203) 351-4703

FUJIFILM Medical Systems USA, Inc.

Training Department: Attention - Scott Malota

419 West Avenue, Stamford CT 06902



FUJIFILM Medical Systems Training Center

Professional Services Training Request Form 2010

(For Service Training, see previous page. Do not complete this page of the form unless requesting CR Champion training.)

PREQUISITE ATTENDANCE CRITERIA:

- 1) At least six months' experience using a Fuji CR System or #2
- 2) Perform Applications Duties for Fuji Reseller.
- 3) Read the "CR Users Guide" and complete the test.
- 4) Read "FCR Quality Assurance Program" manual.
- 5) Have a desire to learn advanced CR Users protocols. Will use this information to become a Certified Trainer at an individual facility.

Applicant's Employer: _____

Customer Credit Card Type/ Number & Exp date: _____

*****A PO, Credit Card (type/number/expiration) (Amex not accepted) or complete documentation of payment (if the tuition was included with equipment purchase or contract) must be faxed to the number below. Students will not be allowed to attend class until tuition has been verified! *****

Please note: **Registration is not final until you receive a formal confirmation letter.** The confirmation letter is required to be shown when requesting the Fuji Rate at specified hotel.

Applicant's Name: _____

Applicant's Employer: _____

Full Mailing Address: _____

Business Telephone: _____ Email: _____
(E-Mail required for course confirmation)

<u>Course Name</u>	<u>Course Number</u>	<u>Tuition</u>
<u>CR Champion</u>	<u>NSL-STMFD-CRCHAMP</u>	<u>\$4,400 or (Sales Contract)</u>

Preferred Date: _____ Alternate Date: _____

PLEASE FORWARD TUITION PAYMENTS, DISTRIBUTOR / CUSTOMER SERVICE TRAINING AGREEMENT AND REQUEST FORM TO:

E-mail: service.training@fujimed.com Fax: (203) 351-4703

FUJIFILM Medical Systems USA, Inc.
Training Department
419 West Avenue, Stamford CT 06902

FUJIFILM MEDICAL SYSTEMS USA, INC.
DISTRIBUTOR / CUSTOMER SERVICE TRAINING AGREEMENT

As a condition to attending Fujifilm Medical Systems USA, Inc's ("FMSU") specialized service training course, I, _____ (" the attendee") an employee of _____ , agree to the following terms and conditions:

1. All information (including but not limited to data, know-how, trade secrets, methods and procedures, designs) provided to the Attendee in connection with the service training course, are proprietary to FMSU and / or Fuji Photo Film Co., Ltd. (collectively "Fuji").
2. This information shall remain the property of Fuji and shall only be used by the Attendee in connection with the operation, service, repair or maintenance of Fuji brand medical diagnostic imaging equipment.
3. 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 written material provided to Attendee in connection with the service training course.
4. Attendee agrees to indemnify FMSU against any losses incurred by FMSU, including reasonable counsel fees resulting from the breach of any provision of this agreement by Attendee.
5. In the event that the Attendee's employer's equipment is sold, destroyed or otherwise disposed of, the above described information shall be returned immediately to FMSU.
6. The Distributor shall comply with all export and re-export restrictions and regulations imposed by the government of the United States and other relevant countries or regions ("Export Restrictions").
7. The Distributor shall not knowingly transfer, directly or indirectly, any restricted software or technical data received hereunder or the direct product of such data, to any country or region or to those entities or persons listed on the website of Bureau of Industry and Security of U.S. Department of Commerce as Denied Persons List, Unverified List, Entity List, Specially Designated Nationals List and the Debarred List; identified as an embargoed destination or country in the Export Restrictions, unless prior written authorization is obtained from FMSU and each appropriate United States or other government agencies.
8. I understand all of the requirements and responsibilities that come with Fujifilm Medical Systems, USA service training and have read the above conditions and cautions on the export control of the United States and by signing below, confirm to follow the instructions:

ACCEPTED AND AGREED TO:

By: _____ Date: _____
Signature of Student

Printed Name of Student

Title: _____

Employer: _____

FMSUTEC941014