

End-user training



OVERVIEW

Date:	October 5-6, 2023	
Location:	SOMNOmedics Headquarters, Randersacker, Germany	
Costs:	€ 140,00 for day 1 (training, coffee breaks, lunch, dinner)	
	€ 90,00 for day 2 (training, coffee breaks, lunch)€ 200,00 for days 1 + 2	
Hotel:	We have pre-booked rooms at Hotel Café Demling in Randersacker.	
Registration Deadline:	September 15, 2023	

Expenses for travel and accomodation are not included in training costs.

PROGRAM

DAY 1 October 5, 2023

Cardiorespiratory Sleep Screening | Product Training PG

Polygraphy (PG) | Basics and devices

- Basics, definitions, terminology
- Devices and additional options
- Introduction to the software and basic functions

Software | Analysis

- Basics of cardiorespiratory analysis
- Analysis, troubleshooting, report, serial letter, findings generator

DAY 2 October 6, 2023

Sleep and PSG Basics

Basics of polysomnography (PSG)

• Terminology and physiological basics of sleep

Sensors and application according to AASM



Number of participants is limited to 20 people

www.somnomedics.de

REGISTRATION FORM

REPLY	Please tick the boxes below and reply to Verena Nagel by September 15, 2023. Fax: +49 931 35909459 or E-mail: vn@somnomedics.de			
	Dct. 5, 2023 Dct. 6, 2023 Dct. 5-6, 2023	Cardiorespiratory sleep scr Sleep and PSG basics (€ 90, Both days (€ 200,00)	-	
Company / H	lospital			
First & Last Name			🔲 Dealer 🗌 End-user	
Profession				
E-mail:				
	Dct. 5, 2023 Dct. 6, 2023 Dct. 5-6, 2023	Cardiorespiratory sleep scr Sleep and PSG basics (€ 90, Both days (€ 200,00)	-	
Company / Hospital				
First & Last Name			Dealer End-user	
Profession				
E-mail:				
ACCOMMODATION We have pre-booked rooms at Hotel Café Demling, Ochsenfurter Str. 7, 97236 Randersacker, Tel.: +49 931 7000 300, www.demling-randersacker.de				
Please book a hotel room for nights for me, from October to 2023.			October to 2023.	
			I need a double room. (Approx. € 79,00 - 109,00/Night without breakfast)	
Don't need accommodation.				
Company / Dealer (billing address):		255):	Contact name:	
Total number of participants:			Country:	
Street:			City, ZIP Code:	
E-mail:			Date, Signature*:	

* By entering your full name here, you agree that it is an electronic representation of your signature for all purposes. If you do not agree, please print this form and fill it in manually.



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