



2010 Apollo Users Regional Training: *Boot Camp*

March 8-9, 2010

Hosted by Children's Healthcare of Atlanta

<http://www.choa.org/>

DAY 1

Monday, March 8th

8:00 AM	Complimentary Pastries & Coffee
8:30 AM	Introductions
9:00 AM	<ul style="list-style-type: none"> · Apollo System Structure & Components Review · Apollo Table Structures · Working with Apollo Data Analysis Reports
12:00 PM	Complimentary Lunch
1:00 PM – 4:00 PM	<ul style="list-style-type: none"> · Writing Basic Queries in Microsoft Access · Crosstab Queries · Q & A

DAY 2

Tuesday, March 9th

8:00 AM	Complimentary Pastries & Coffee
8:30 AM – 12:00 PM	<ul style="list-style-type: none"> · Parameter Queries · Complex Queries · SQL Union All Queries
12:00 PM	Complimentary Lunch
1:00 PM – 4:00 PM	<ul style="list-style-type: none"> · Writing Basic Reports · Hands-on Practice · Q & A

Who will benefit most from this training?

1. Anyone who desires to go beyond the basics of Apollo canned reports
2. The Apollo Database Administrator with little experience querying Apollo
3. Data Analyst who need to develop customized queries and reports

After this meeting you will be able to:

- Write queries
- Create Data reports
- Extract data from the Apollo ACC structure

Training Costs:

\$1,500.00 per person

In an ongoing effort to provide our clients with as many localized Apollo training opportunities as possible, we are always looking for potential host facilities. Please contact your Client Manager or joellem@lumedx.com if your facility would be interested in hosting a future Regional Training.

REGISTRATION FORM



Regional Training

2010 2-Day Boot Camp Training
March 8th & 9th

Hosted by: Children's Healthcare of Atlanta

Attn: Joelle Mitchell

FAX or Email: (510) 419-3699 or joellem@lumedx.com

***A registration form must be filled out for each attendee**

First Name		Last Name	
Title			
Institution			
Address			
City		State	Zip Code
Telephone Number		FAX	

Email Address (please print clearly)

***** Your Confirmation will be sent via email - from Joelle Mitchell *****

Signature (Required) _____ **Date** _____

2-day Boot Camp Training [\$1,500.00]

SELECT ONE PAYMENT OPTION:

Host Site:
Children's Healthcare of Atlanta

Apply unused training dollars
Required: Project/PO Number: _____

My facility will mail a check
Reference/Invoice: Regional Training
Checks Payable to: LUMEDX
LUMEDX, Attn. Accounts Receivables
555 12th Street, Suite 2060
Oakland, CA 94607

I would like to pay by credit card
(fax in form and a credit card authorization form will be emailed to you)

Additional details, including training location and lodging will be sent via email once your registration form is received. If you have questions or concerns, please feel free to contact your Client Manager directly or Joelle Mitchell at joellem@lumedx.com