

SECURING VENTURE CAPITAL FUNDING FOR YOUR MEDICAL DEVICE

GAIN AN INSIDER'S PERSPECTIVE AND A CHANCE TO PRESENT YOUR BUSINESS PLAN

Enroll in this hands-on intensive program, expanded to four days, to learn from a noted panel of venture capitalists from six different companies and investment insiders on topics integral to securing funding. This program delivers individual full lectures, with meaningful handout materials. Explore how successful entrepreneurs package their ideas and communicate compelling technological solutions and comprehensive market knowledge in a "fast-read" format. Bring your completed or in-progress business plan and apply what you learn right away.

This class was developed to both increase funding in Southern California for promising medical devices, and to provide a venue to deliver the insiders' perspectives from highly qualified experts. At the conclusion of the focused presentations, class discussions, and coaching sessions, the top three business plans will be presented to venture capital representatives for review.

INVITED PRESENTERS INCLUDE:

Nancy Patterson, Venture Analyst
Due Diligence Delivers Results

Luis Villalobos, Tech Coast Angels
Understanding the Value of An Angel

Vicki Dallas, Attorney, Rutan and Tucker
Term Sheets on Your Own Terms

FDA Speaker
Device Evaluation and Approval Process

Nancy Reaven, President,
Strategic Health Resource
Reimbursement for Emerging Technology

Marc Brown, Attorney,
McDermott Will & Emery
*Intellectual Property-The Cornerstone of
Valuation*

Jo Anne Goodnight, NIH SBIR/STTR
Small Business Funding Opportunities from NIH

John Onopchenko, Johnson & Johnson
Development Corporation, *Corporate Venture
Funding vs Corporate Licensing/Acquisition*

Mike Henson, MedFocus Fund
Role of the VC Post Investment

A. Kory Razaghi, Waveland Capital
*Three Methods to Calculate Your Company's
Value*

Lisa Suennen, Psilos Group Partners
Decision Making in Venture Funding

Kevin Wasserstein, Versant Ventures
*How Much Capital Do you Need? Are You
Certain You Need Venture Capital?*

Fred Dotzler, De Novo Medical Venture
Valuing Your Company: A Dose of Reality

COURSE INFORMATION:

FEE: \$650; includes course materials Reg #: 00102
*Special 25% discount available for those with a device
in development. Contact instructor.*

COURSE TITLE/#: Securing Venture Capital Funding
for Your Medical Device Mgmt. X445.12

DATES: Monday, Jan 17 1-5pm
Tuesday, Jan 18 9am-3pm Lunch included
Wednesday, Jan 26 1-5pm
Thursday, Jan 27 1-7pm Cocktail Party follows

REGISTER: extension.uci.edu/catalog/index.asp

LOCATION: The Beckman Center; Huntington Room
100 Academy Way, Irvine 92617 **Free Parking**

INSTRUCTOR: Nancy Patterson nancy.patterson@cox.net

Lunch and a reception provided by Southern California medical
device product development and manufacturing firms:

Aubrey Group, www.aubreygroup.com and **Omnica**, www.omnica.com

MEDTECH INSIGHT:

The winning business plan will be awarded a featured spot at the prestigious Investment In Innovation: A Preview of Early-Stage Medical Technology Companies in Boston, San Francisco or Irvine (Winner selects the city!) www.medtechinsight.com/conferences.html.

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- FOUR HANDS-ON CLASS MEETINGS
- VALUATION AND IP ATTORNEYS
- MARKET TRENDS AND REIMBURSEMENT

Top three business plans presented to the venture capital company representatives

Top business plan awarded a feature spot at Medtech Insight's "Investment in Innovation" Conference

WI05-356

ENROLL EARLY!

By Phone: (949) 824-5414 Monday – Friday, 9am – 5pm
Register Online: extension.unex.uci.edu

FIRST NAME: _____ MI: _____ LAST: _____ MALE FEMALE

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: (Optional) _____ DATE OF BIRTH: (Optional) / /

JOB TITLE/EMPLOYER: _____

EMPLOYER ADDRESS: _____ EMPLOYER CITY: _____ STATE: _____ ZIP: _____

COURSE TITLE	REG #	FEE
MGMT X445.12 Securing Venture Capital Funding for Your Medical Device	00102	\$650

CHECK ENCLOSED (Payable to UC Regents)

CHARGE TO: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____ EXP: _____

CARDHOLDER NAME: _____ AUTHORIZING SIGNATURE: _____

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UC Irvine
extension

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