

# My Life as an Entrepreneur

45 Years  
(in 45 minutes)

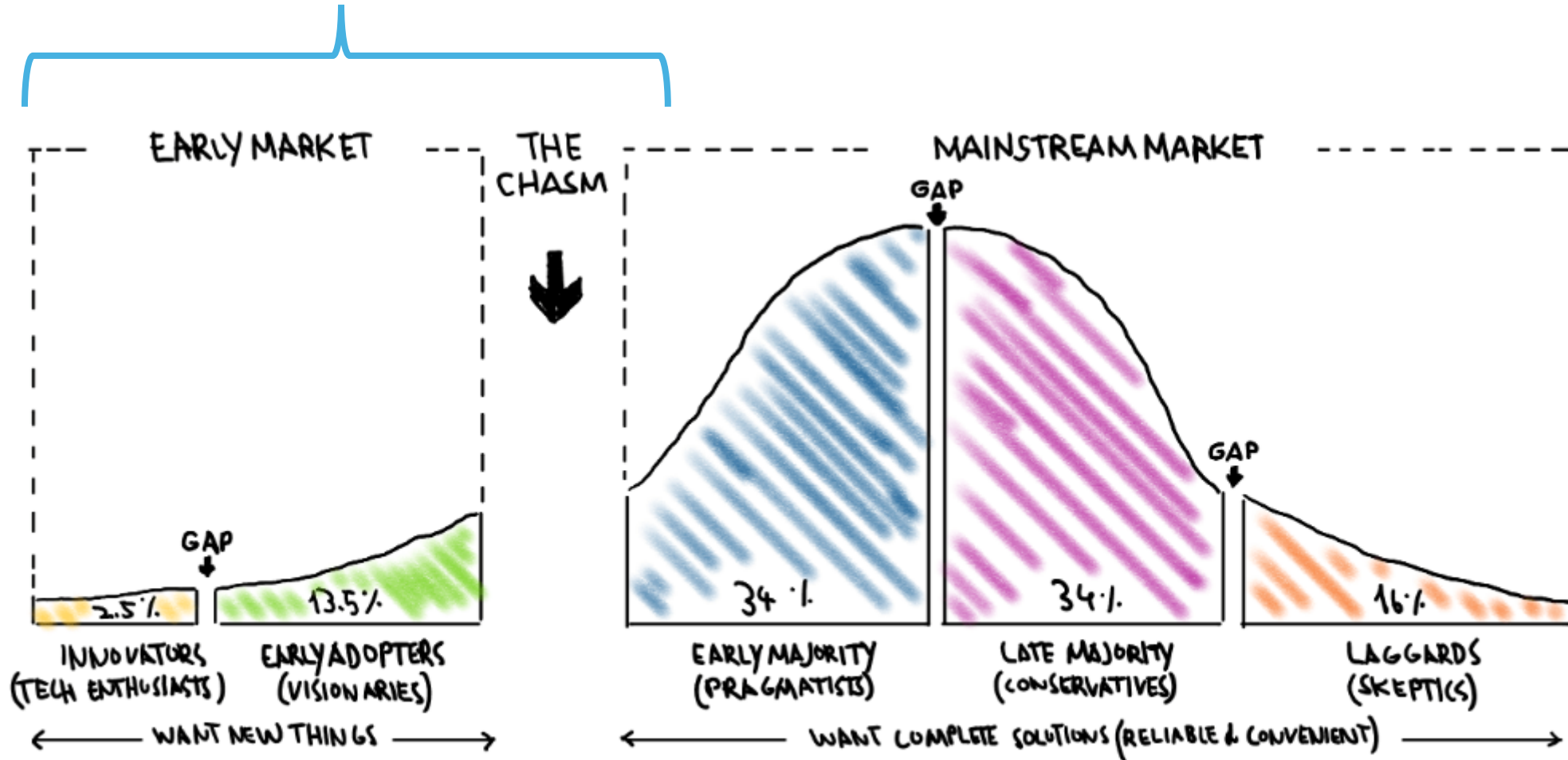
What I've Learned

Dick Moberg  
Moberg Analytics, Inc.



# Product Adoption

Most of My Life



# Topics

## What I've Learned

People  
Randomness  
Funding  
Vision  
Creativity  
Commitment  
Know Yourself

## My Life and the Companies and Products



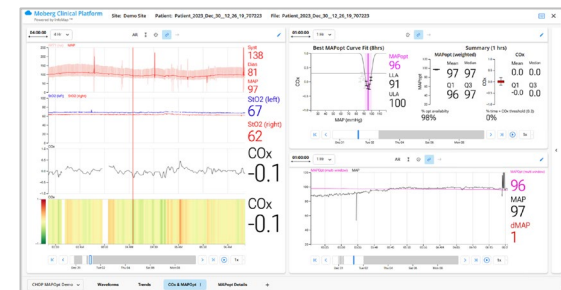
CNS Monitor



Neurotrac



Neurotrac II



Moberg Clinical Platform

# People

When you start a company, all you have are people.

Some are magic, some are tragic. Your biggest asset, your biggest liability.

Build trust.

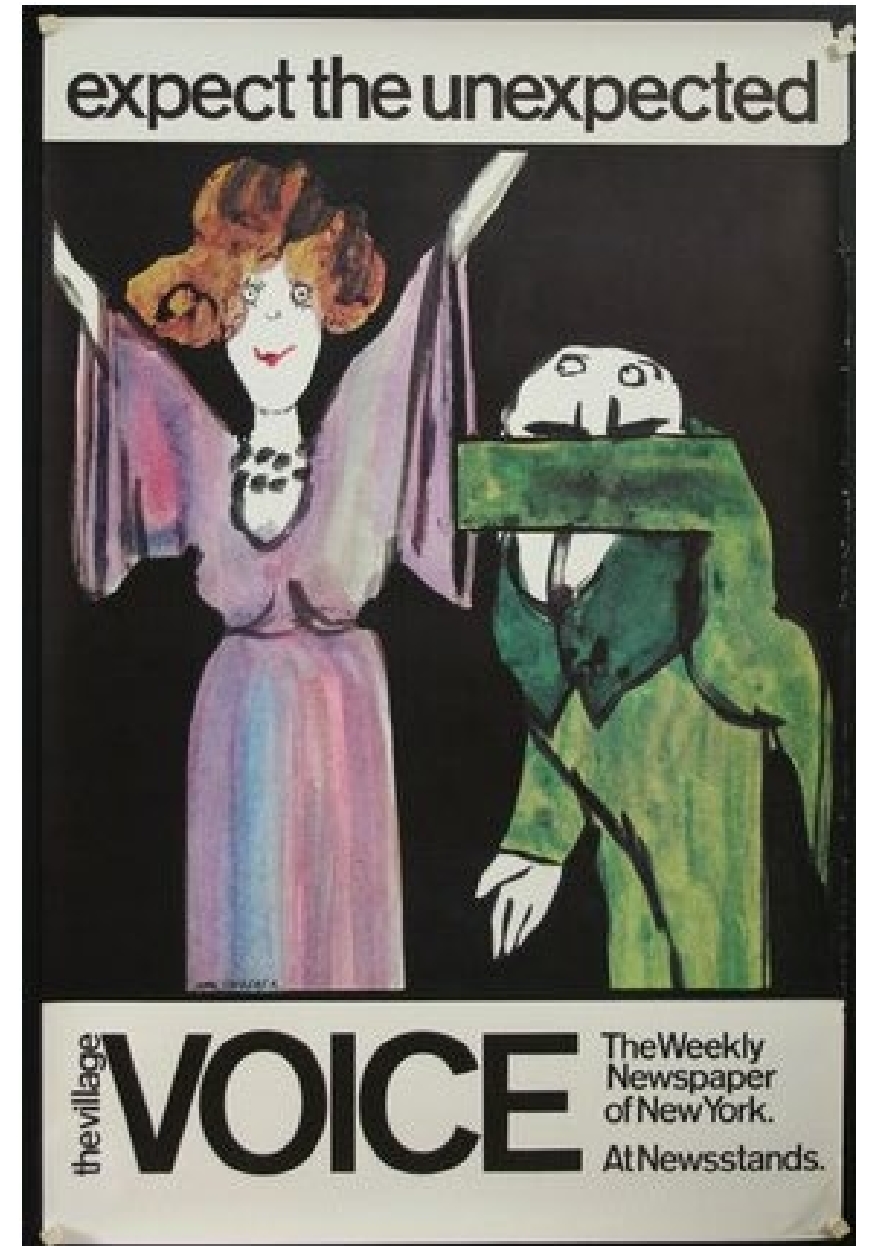


# Randomness

You can prepare for your future,  
you can't predict it.

Investors invest in teams who  
can deal with the rollercoaster.

Luck plays a significant role in  
companies (good and bad)



# Funding

Money is the blood of the company. Without it, you are dead.



# Vision

Start with a vision.

Stick to it.

Cloudy at first,  
becomes clearer in  
time.



# Creativity

Think outside the box, in every aspect of the business.

Channel your Inner Child.

Have fun.

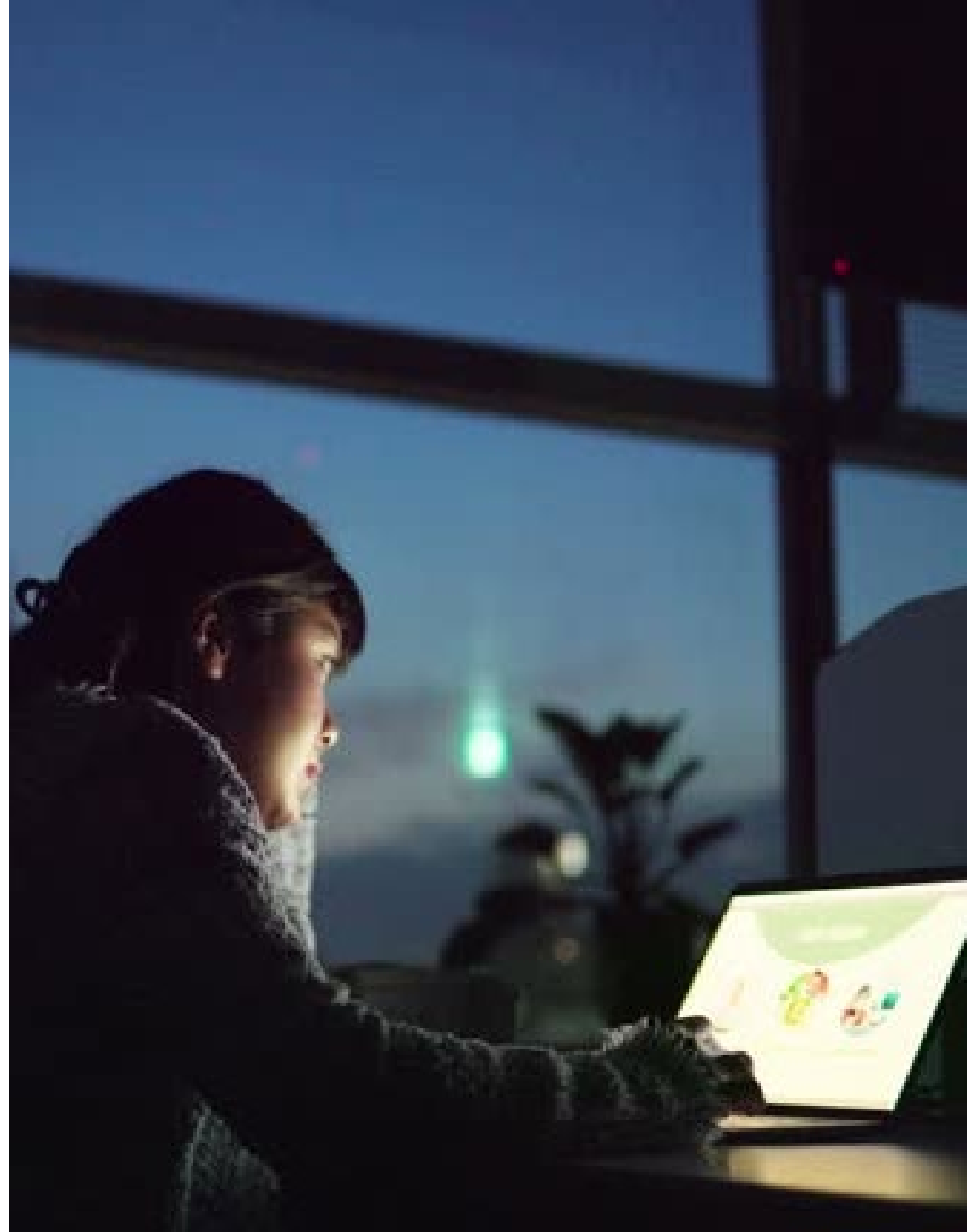


# Commitment

Buy the ticket, take the ride.

Believe in your mission.

Take ownership.



# Know Yourself

Know what you are good at.

Hire people to fill in the gaps.

Follow your gut.



# My Life

## From Beach to Bedside



Dick Moberg



The Moberg

# My Life

1970 - 1980

The Launch  
of an  
Entrepreneur

Leaving Academia

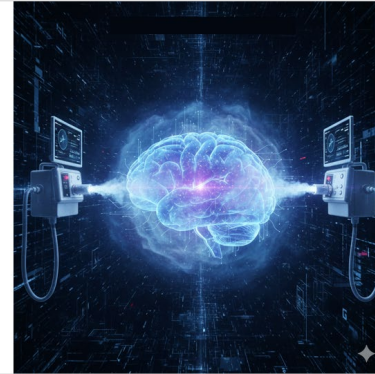


1980 - 1989

First Product

A Brain Monitor for  
Docs Who Don't  
Want to Do Brain  
Monitoring

Anesthesiology



1990 - 1987

First Company

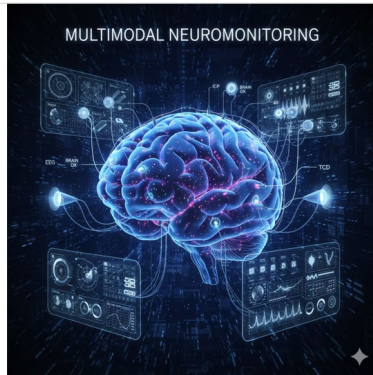
Getting an MBA the Hard Way



1998 - 2020

Starting Over

Third Product  
Second Company



2020 ->

Matching  
Computing to  
Complexity



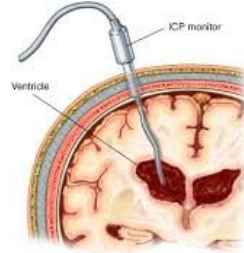
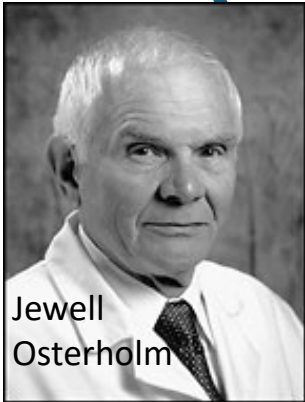
1970 - 1980

# The Launch of an Entrepreneur

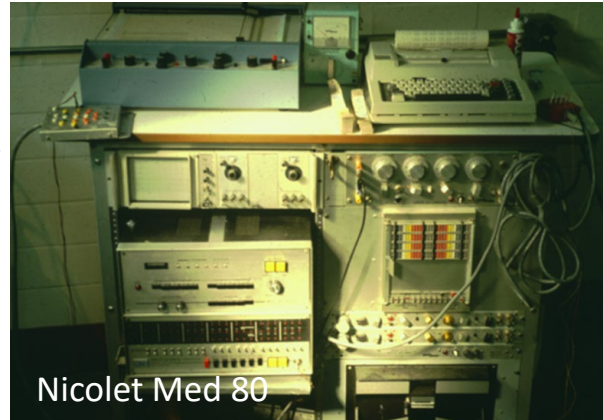
Leaving Academia



# Early 1970s



First ICP Monitor at Jefferson



Learned about Intraoperative Neuromonitoring



**Brain**  
Nothing can be done  
(before CT scanners)

**Spine**  
Injury + Secondary injury

Learned About Secondary Injury

# Late 1970s



University of Pennsylvania

Graduate School



Jefferson

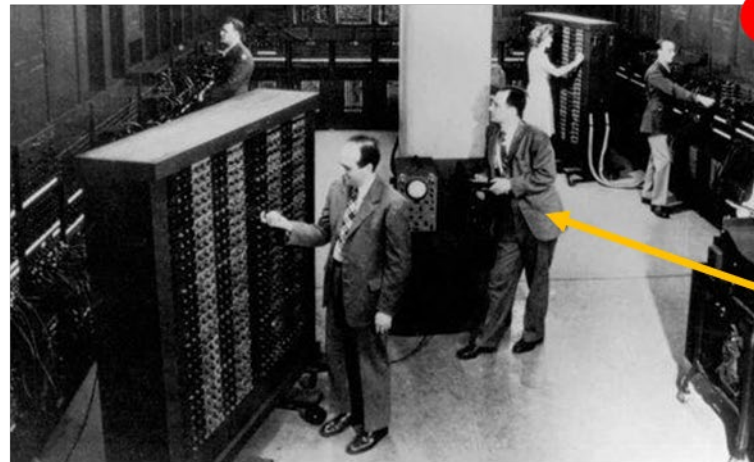
Medical School



Taught myself  
microprocessors



Founded the  
**Philadelphia Area  
Computer Society**



Dated John  
Mauchly's  
daughter

ENIAC – Worlds First Digital Computer  
John Mauchly & J. Presper Eckert

Couldn't focus on a  
single thesis topic  
Had a lot of interests

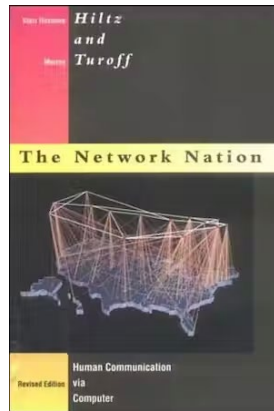
# Late 1970s



Graduate School



Medical School



NSF Project on  
Networking

Courses were memory based and more focused on passing the national board exams rather than learning a subject.

# Late 1970s



University of Pennsylvania



Graduate School

Became disillusioned with academia.

Followed my gut.

Left

Saw the future  
and never turned  
back



Jefferson



Medical School

What's Next?

1980 - 1989

# First Product

A Brain Monitor for  
Docs Who Don't  
Want to Do Brain  
Monitoring

Anesthesiology



# Now What?

Computers



Bernard Steinberg PhD

*I started a new company, want to work with us?*

# Introduction to Industry - Interspec



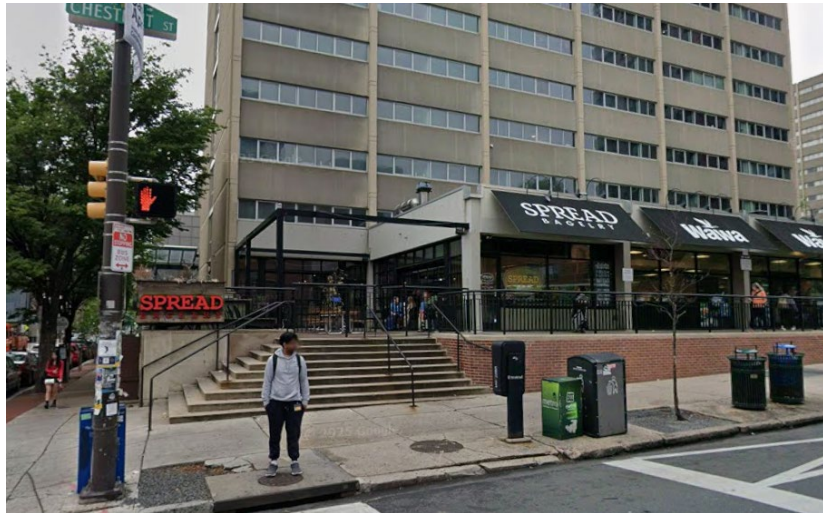
Worked on an  
ultrasound  
product



Couldn't build  
it for the cost  
they wanted  
to sell it.

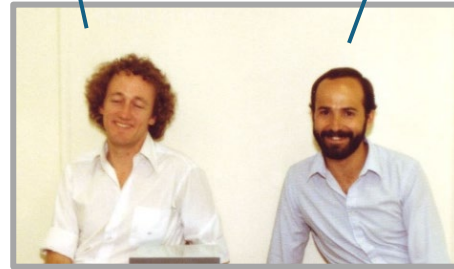
# The Vision

At lunch....



I have experience  
in brain monitoring

I've built an  
EEG amplifier  
for meditation



Let's miniaturize this and  
make it cheaper and  
easier to use.

# First Product



Worked on an  
ultrasound  
product

We proposed  
they build a  
brain monitor

Couldn't build  
it for the cost  
they wanted  
to sell it.

Sure, go for it!



Neurotrac

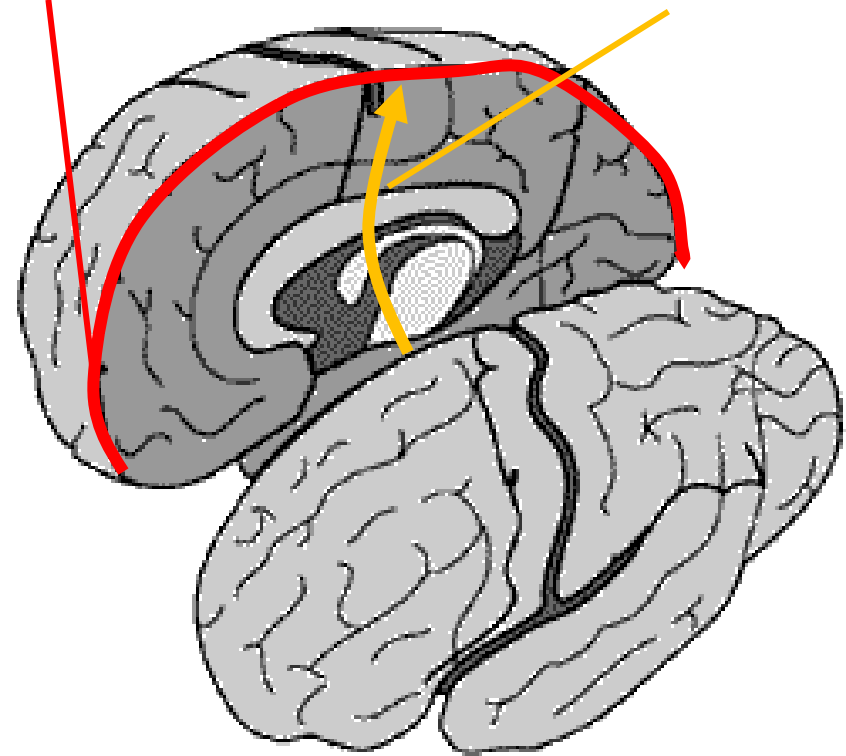
# First Product



Neurotrac

EEG  
Cortical activity

SSEP  
Subcortical

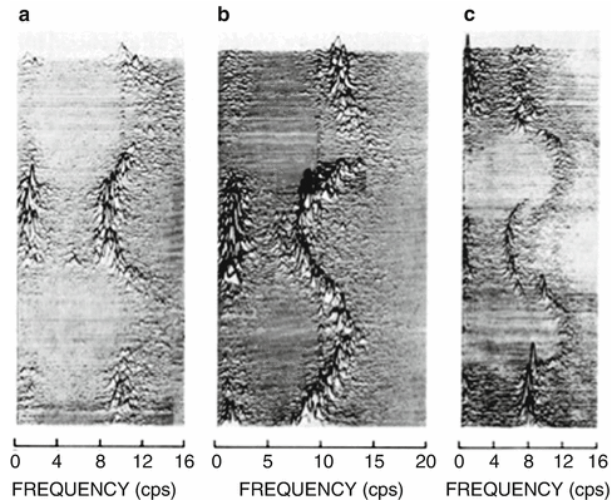


Seeing an idea commercialized justified what my gut had told me.

# Early 1980s - Anesthesia and EEG Numerical Trends



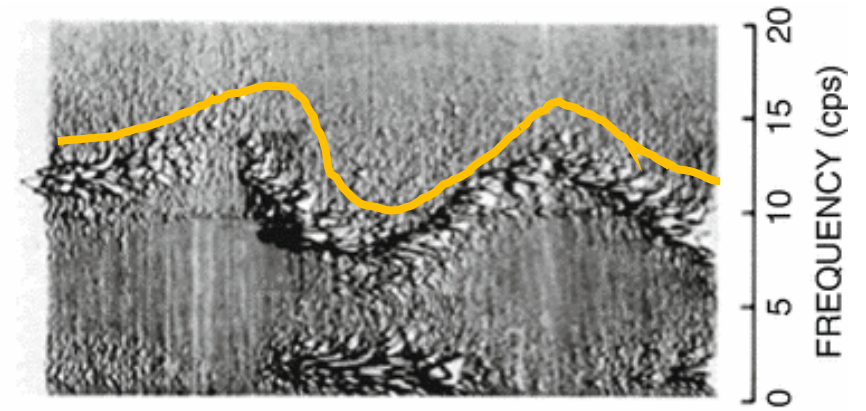
Ira Rampil MD



EEG Frequency Plots  
with Varying Anesthesia Levels



Late 1970s

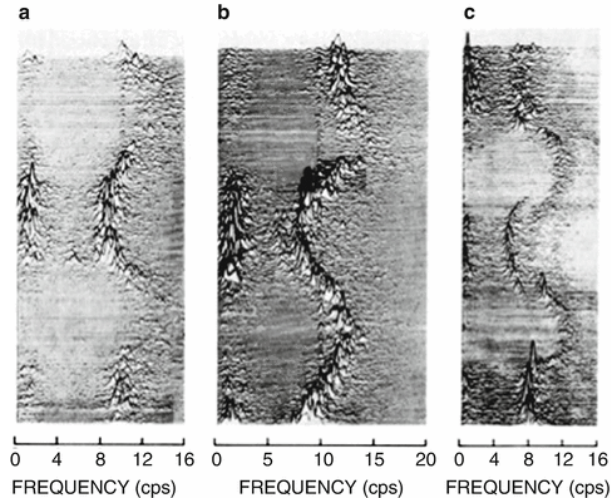


Spectral Edge Frequency (SEF)

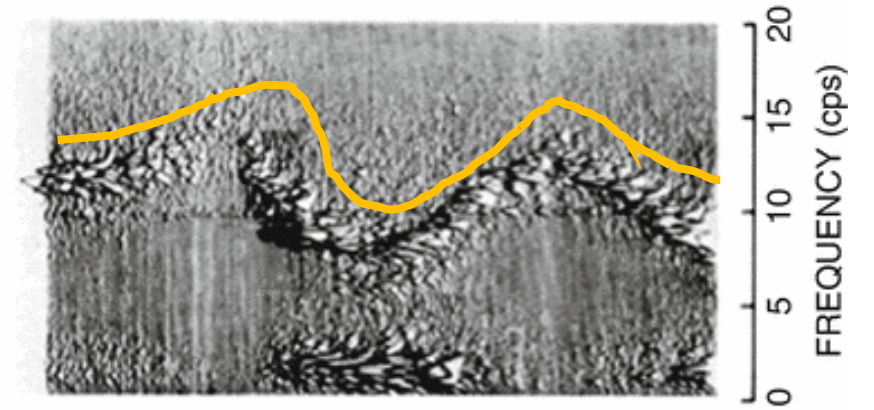
# Early 1980s - Anesthesia and EEG Numerical Trends



Ira Rampil MD



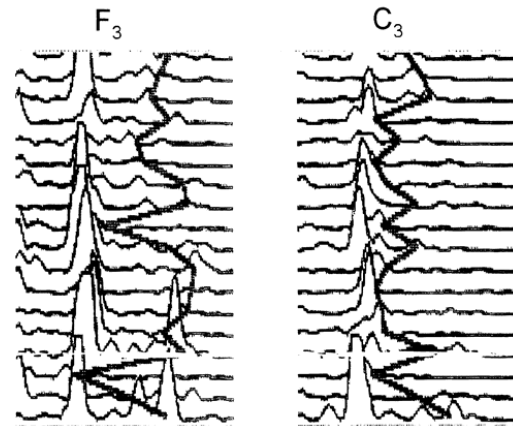
EEG Frequency Plots  
with Varying Anesthesia Levels



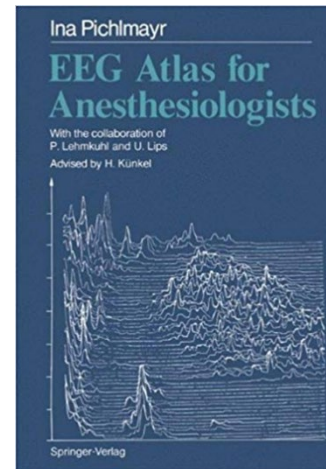
Spectral Edge Frequency (SEF)



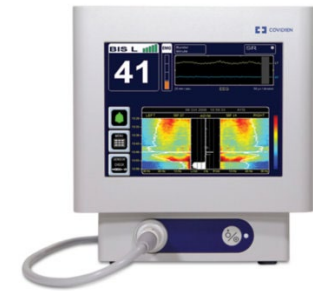
Neurotrac  
1982



CSA with SEF Trend

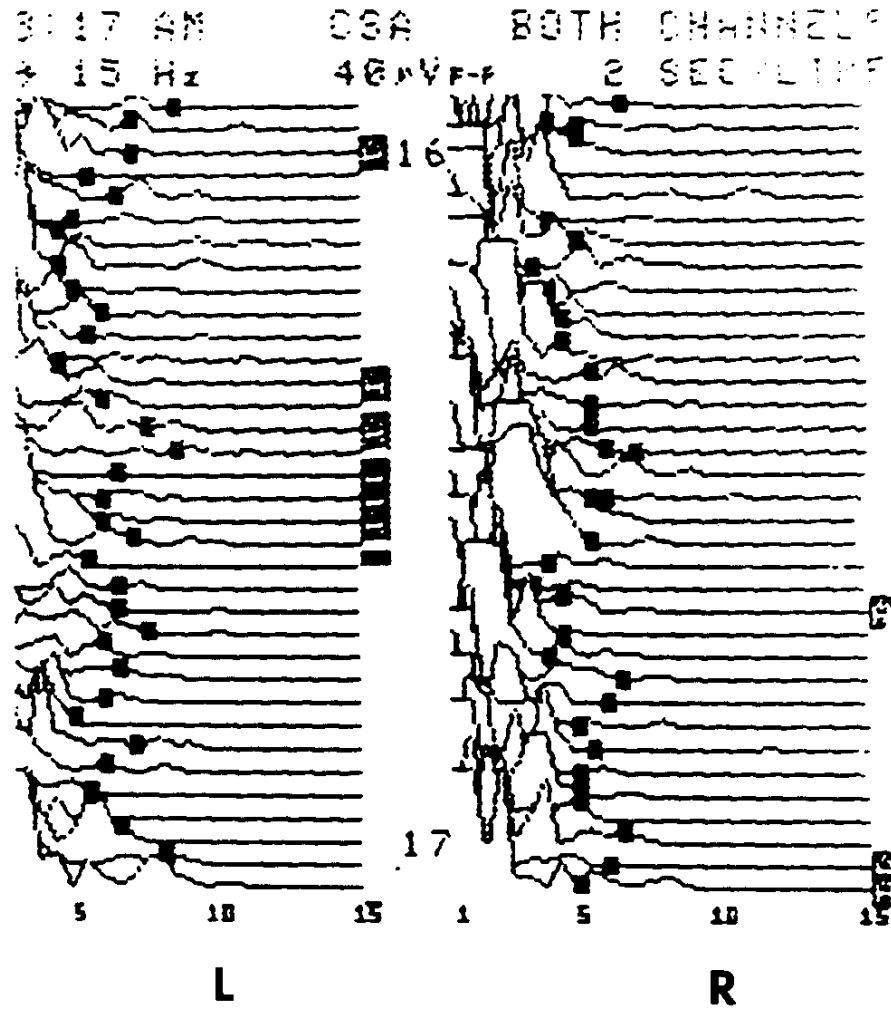


1987

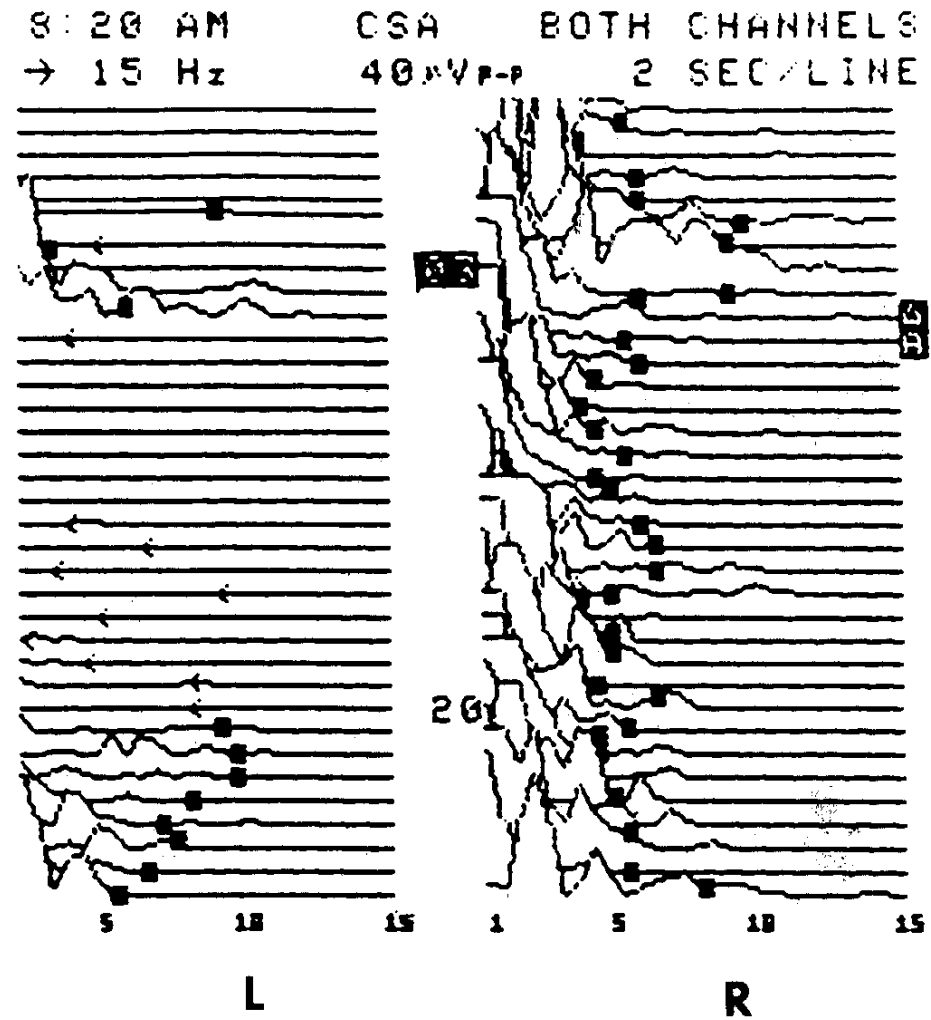


Aspect BIS  
Depth of Anesthesia Monitor

# CSA Display with Spectral Edge Frequency During Intubation



Pre-intubation



During intubation

# CSA Display with Spectral Edge Frequency During Intubation

Neurotrac  
Saved a  
Life!

ANESTH ANALG  
1987;66:271-3

Neuromonitoring  
can save lives and  
prevent injury.

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## Compressed Spectral Array EEG Monitoring during Coronary Bypass Surgery in a Patient with Vertebrobasilar Artery Insufficiency

Eldon R. Steele, MD, Maurice S. Albin, MD, MSc (Anes), Jane L. Monts, MD, and P. Kent Harman, MD

During anesthesia, the cerebral circulation is vulnerable to head manipulation from the time of induction until full consciousness and motor function are regained by the patient. We believe that CSA-EEG monitoring may well have prevented the development of potentially serious neurologic sequelae in our patient, since it not only allowed for rapid diagnosis of cerebral ischemia, but also enabled us to manipulate the head into a position where the CSA-EEG returned to the normal preinduction baseline.

# Pitfalls of a Single Numeric



William Young MD

“We monitored the patient with the Neurotrac for the duration of the endarterectomy and no significant changes in the SEF were seen.

However, the patient awoke in recovery with a left side neurological deficit.”

We quickly learned the limitations of:

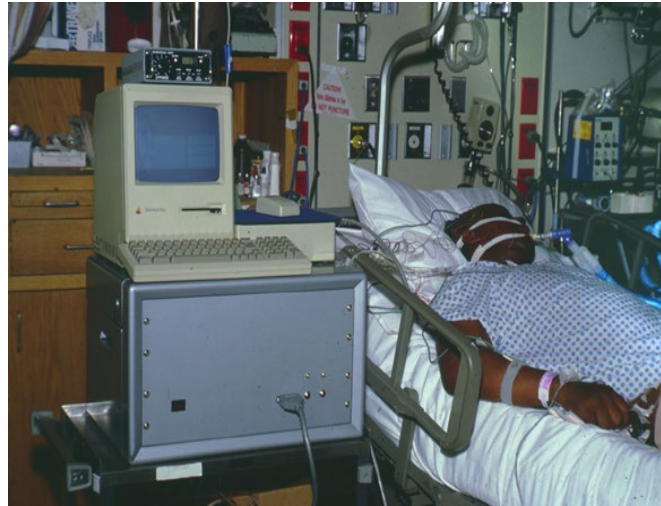
- A single metric
- With limited spatial resolution
- Measuring only cortical activity

A purple oval shape containing the text "Oops!" in white, indicating a mistake or a warning.

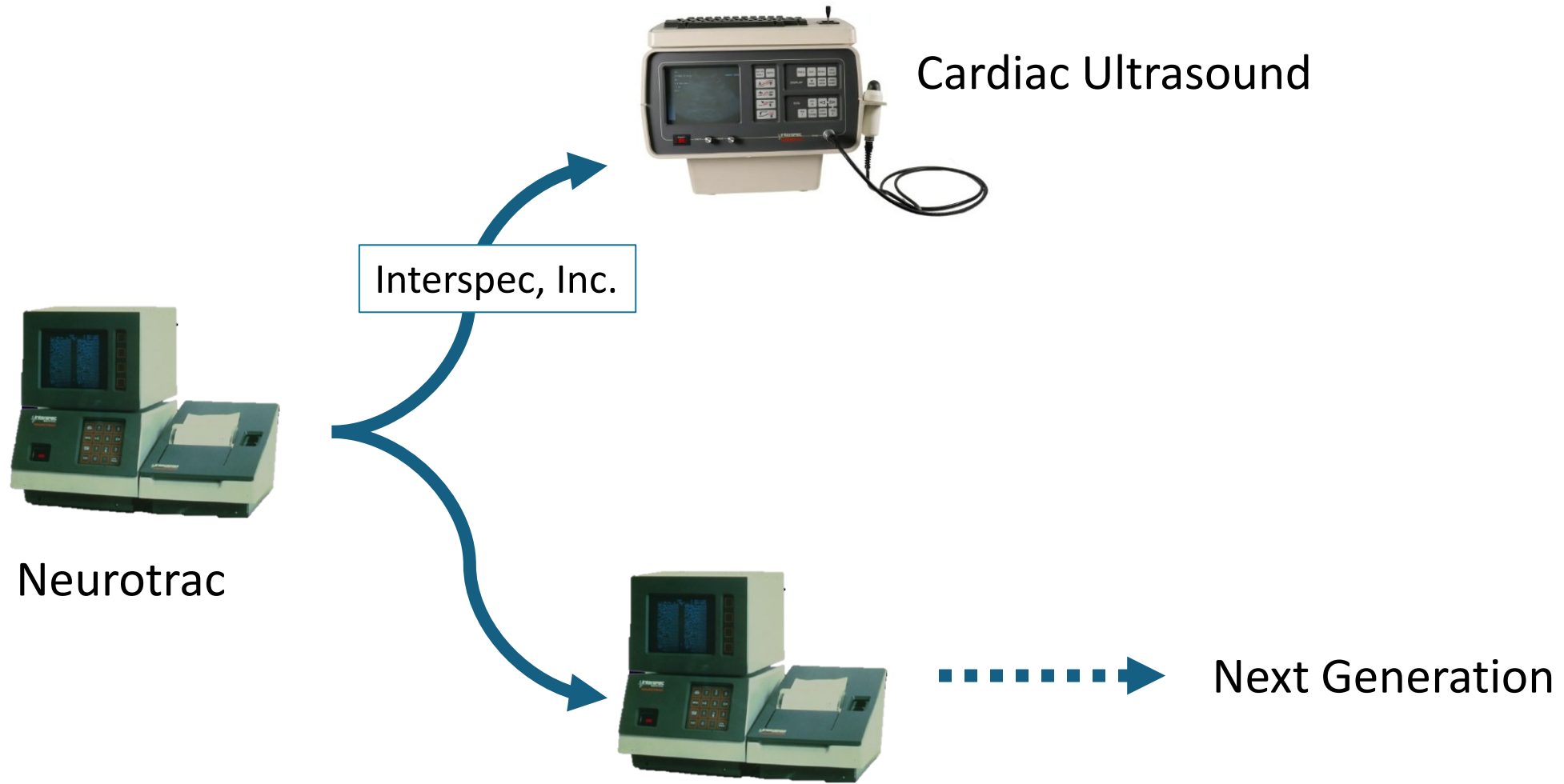
# Grants - 1

*A continuous neurological function monitor.* NIH Phase I SBIR (R43 NS23651). Feasibility study for the development of a continuous neurological function monitor. 4/1/86-9/30/86. \$27,667.

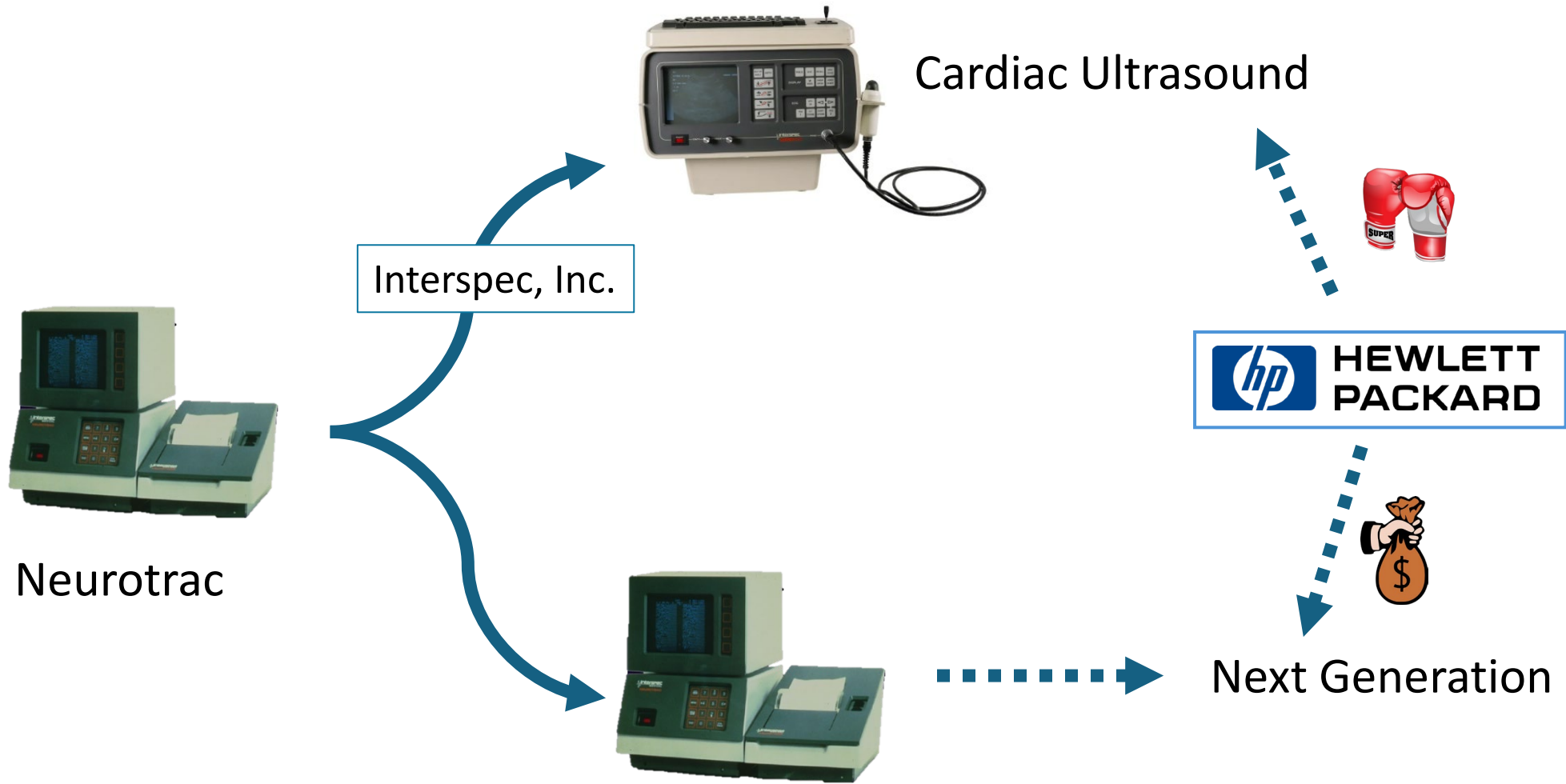
*A continuous neurological function monitor.* NIH Phase II SBIR (R44 NS23651). Continued development of a continuous neurological function monitor. 4/1/86-9/30/86. \$408,100.



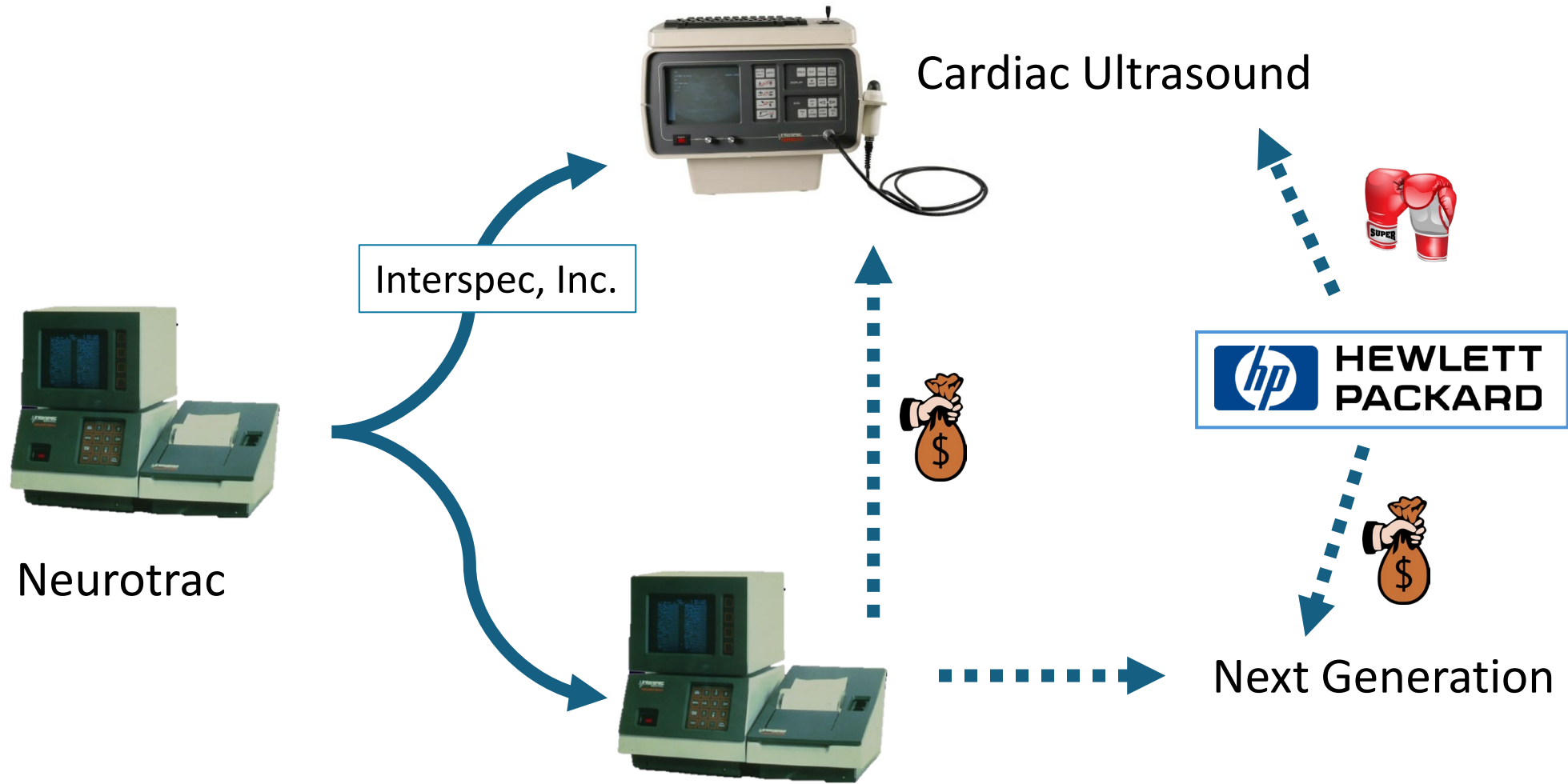
# Transition



# Transition



# Transition



# Transition



Neurotrac



Interspec, Inc.



Cardiac  
Ultrasound



Neurotrac II



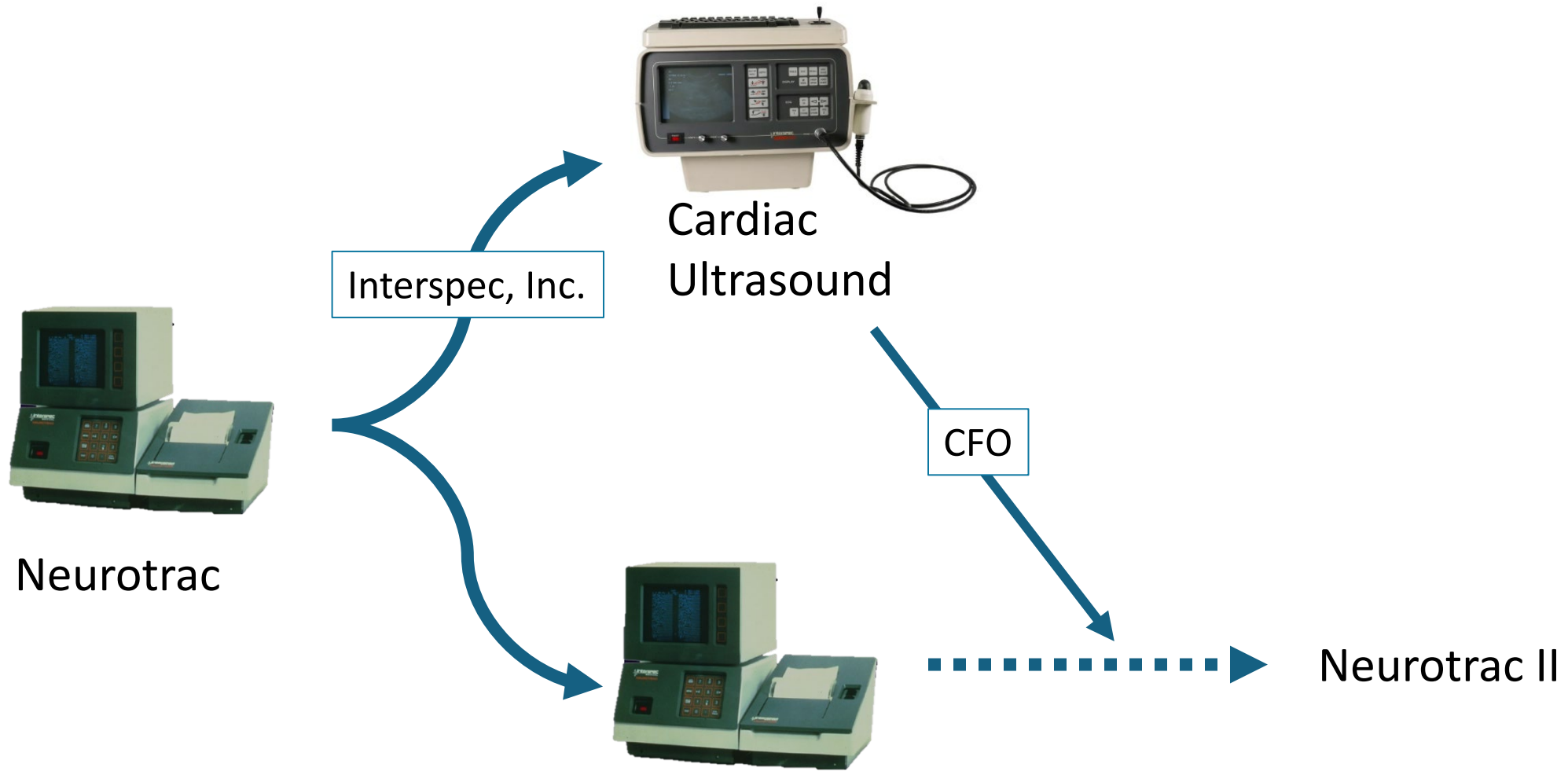
1990 - 1987

# First Company

Getting an MBA the Hard Way



# Transition



# Transition



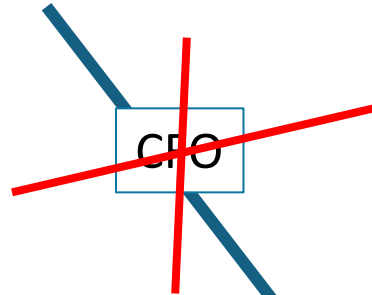
Neurotrac



Interspec, Inc.



Cardiac  
Ultrasound



Neurotrac II

# Evolution to More Powerful Monitoring

1994

8-channels  
Simultaneous EEG/CSA/SSEP  
Later added TCD

Focus on continuous monitoring



Display and U/I  
from Hewlett-  
Packard

We built the  
computer to  
process the  
EEG

Moberg Medical

Worked closely  
with Hewlett-  
Packard

Learned high-quality  
design

# Funding in the 1990's

## Bad Timing

- Less interest in med tech, more in pharma
- Interest rates high in early 1990's (10%)
- Most money in Boston, Minneapolis, Silicon Valley
- Hard to meet investors except through personal contacts

## Recourse

Learned how to write successful grants

Found some unconventional funding mechanisms

# Grants - 2

*A neurophysiological monitor for the neonatal intensive care unit.* NIH Phase I SBIR Contract (R43 NS82309).

Feasibility study for the development of a monitor for tracking neonatal seizures. 6/30/88-1/31/89. \$44,954.

*A new monitor for spinal cord function.* Ben Franklin Partnership Innovation Grant (Pennsylvania). Feasibility study for developing a new spinal cord monitor for surgery. 2/15/90-12/31/90. \$25,000.

*A monitor for neonatal seizures.* Pennsylvania Seed Grant. Continued development of a monitor for tracking neonatal seizures. 4/1/91-9/30/91. \$32,600.

*A calibrator/simulator for neurophysiological signals.* Pennsylvania Seed Grant. Development of a simulator for neurophysiological signals. 4/1/91-9/30/91. \$34,216. Resulted in commercial product.

*A new monitor for comatose patients.* Ben Franklin Partnership Joint Industry-University R&D Project. 9/1/91-8/31/92 \$75,000. Continuation 9/1/92-8/31/93 \$63,000.

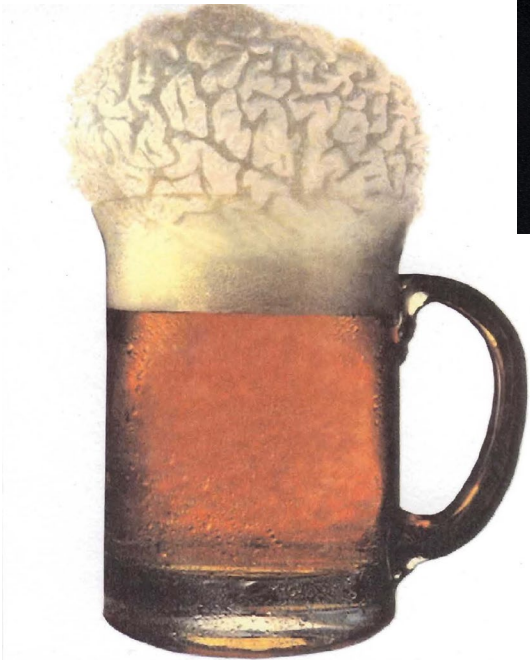
*Improved patient care through EEG training for nurses.* NIH Phase I SBIR (R43 NR03257). Multimedia training program to teach neuromonitoring to critical care nurses. 3/1/93-8/31/93. \$50,000.

*Improved patient care through EEG training for nurses.* NIH Phase II SBIR (R44 NR03257). Multimedia training program to teach neuromonitoring to critical care nurses. Resulted in commercial products. 6/1/96-5/30/98. \$750,000.



**Formed a Multimedia Group**

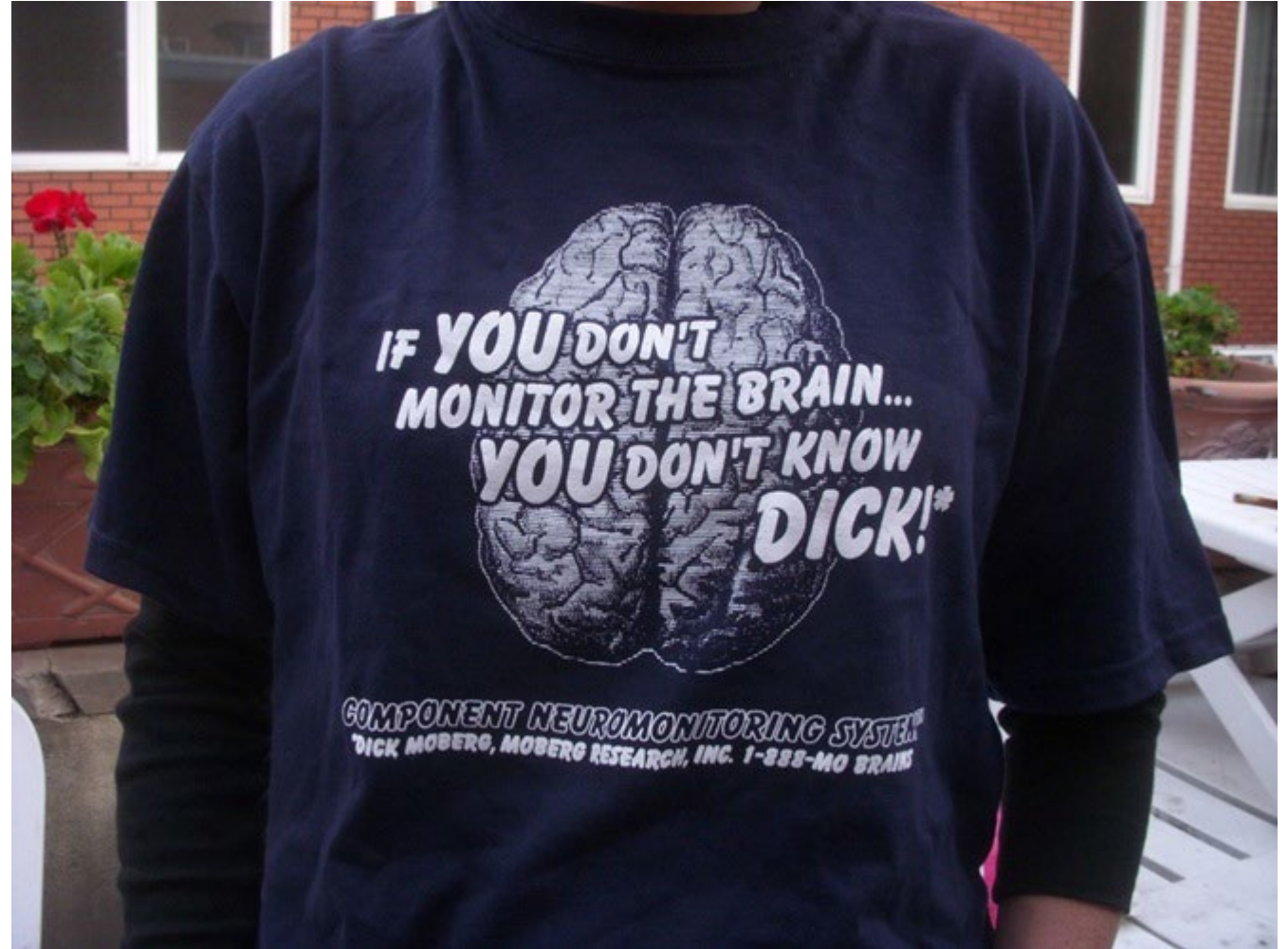
# Fun with Marketing



Neuroanesthesia



Protect the Head  
Use Neuromonitoring



Company T-Shirt

# Grants - 3

*A monitor for tracking neonatal seizures\_NIH Phase I STTR (R41 NS33400).* To increase specificity and sensitivity of neonatal seizure detection algorithm. 1/1/95-12/31/95. \$100,000.

*A monitor for tracking neonatal seizures\_NIH Phase II STTR (R42 NS33400).* To continue work on increasing specificity and sensitivity of neonatal seizure detection algorithm and build prototype monitor. 6/98-5/00. \$500,000.

*A modular, multiparametric monitor for the neuro ICU.* NIH Phase I SBIR (R43 NS34614). Built test set-up consisting of multiple neuromonitors interfaced to a common computer. 8/95 to 2/96 \$100,000.

*A novel, easy-to-use, neurological monitor for OR/ER/ICU.* NIH Phase I SBIR (R43 NS37991). To develop a new system architecture for neurological monitoring. 6/15/98-12/15-98. \$99,849.

*A novel, easy-to-use, neurological monitor for OR/ER/ICU.* NIH Phase II SBIR (R44 NS37991-02). To develop a new system architecture for neurological monitoring. 10/1/01 – 9/30/03. \$750,000.

# Funding – Non-conventional - 13<sup>th</sup> & Locust



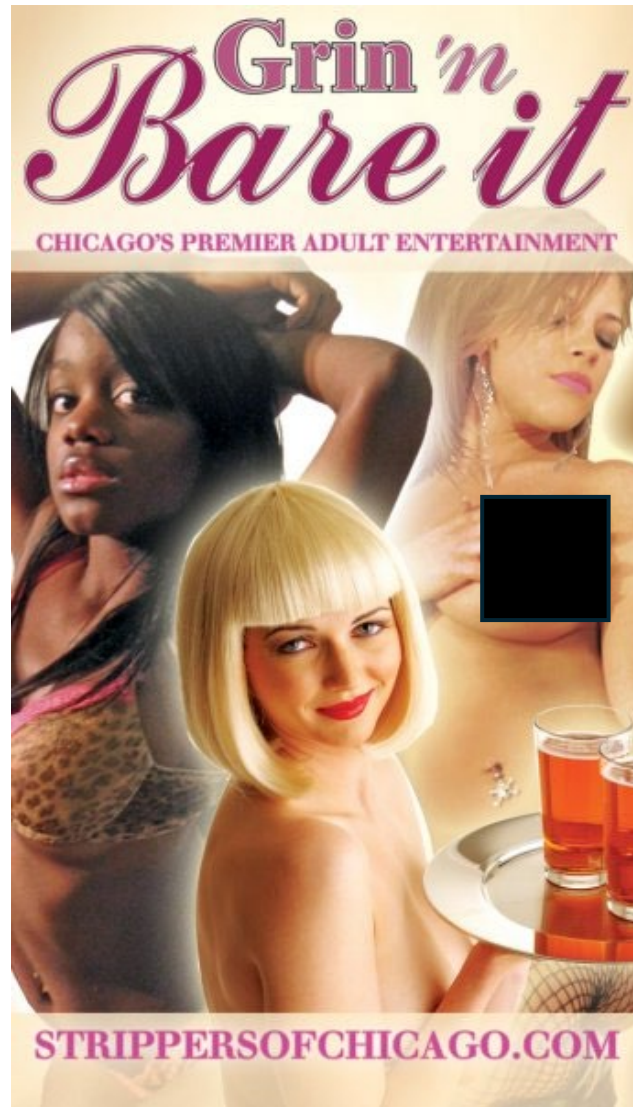
# Funding – 13<sup>th</sup> & Locust – 1990's



# Funding – 13<sup>th</sup> & Locust



# Funding – Sarah Bellum



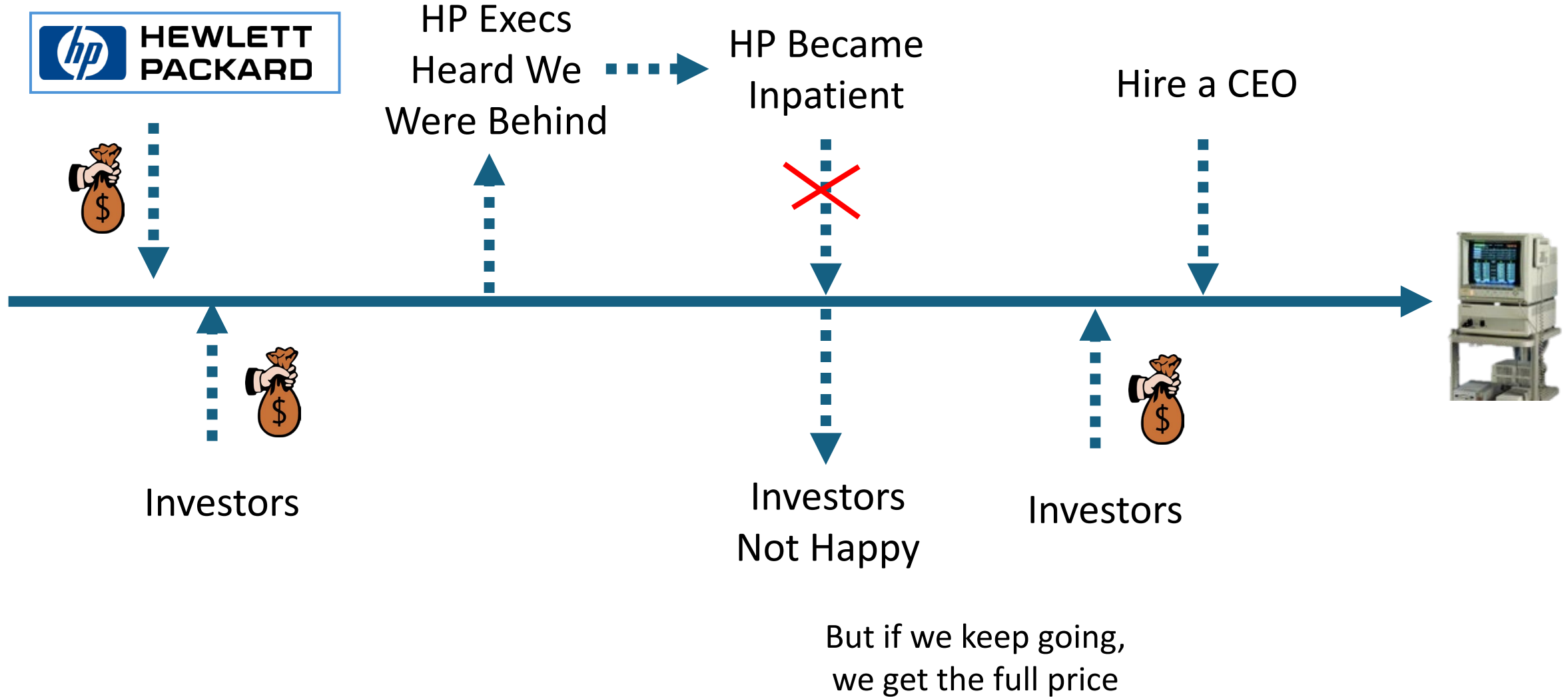
Moved to Chicago  
Pharmacist during the day at Rush  
Dancer/stripper at night

On a visit I discovered her “lunch meat”

Became a regular investor

My funding methods were written up in a tech journal on the difficulty of funding for start-ups.

# Timeline



# Hiring a CEO

Paid a search firm \$50,000

- They gave me “highly qualified candidates”
- “If it doesn’t work out, we will do another search”

Investors wanted me to make the decision

Hired a guy who seemed good

- Mid-level manager at J&J
- Engineering and medical device background

Woman’s Intuition

- My mom and my VP of Sales’ wife met him
- “Something’s not right”

# Aftermath of the Hire

## Near Term

- Never engaged with me or the VP of Sales
- Started dividing the company into his soldiers and everyone else
- Board was hearing things that weren't true about me
- Workplace became toxic

**Caution:** Incompetent middle level managers can survive (hide) by taking credit for the good stuff and blaming the ones below him for the problems.

- Works at a large company, not at a small one

# Lead Investor Loses Interest

## Lead investor

- We became a hand-me-down company.
- Lost interest.
- Decided to put the company up for sale.

**Caution:** Investor relations are extremely important. Keep them updated regularly. Always assess their interest.

# Company Put Up for Sale

## Sale

- Packaged the company up for sale.
- A competitor stepped up.
- They got lots of info from us in the due diligence process and kept stretching out the sale.

**Caution:** Competitors either want to buy you or put you out of business. Don't put your eggs in one basket...always have a backup

# Transitions

## Friday, December 12, 1997

- Morning – normal excitement about the sale
- Afternoon – got a fax saying the sale was off
  - No inventory to sell
  - No money
  - Decided to close the company
- Evening - People gone, dream gone

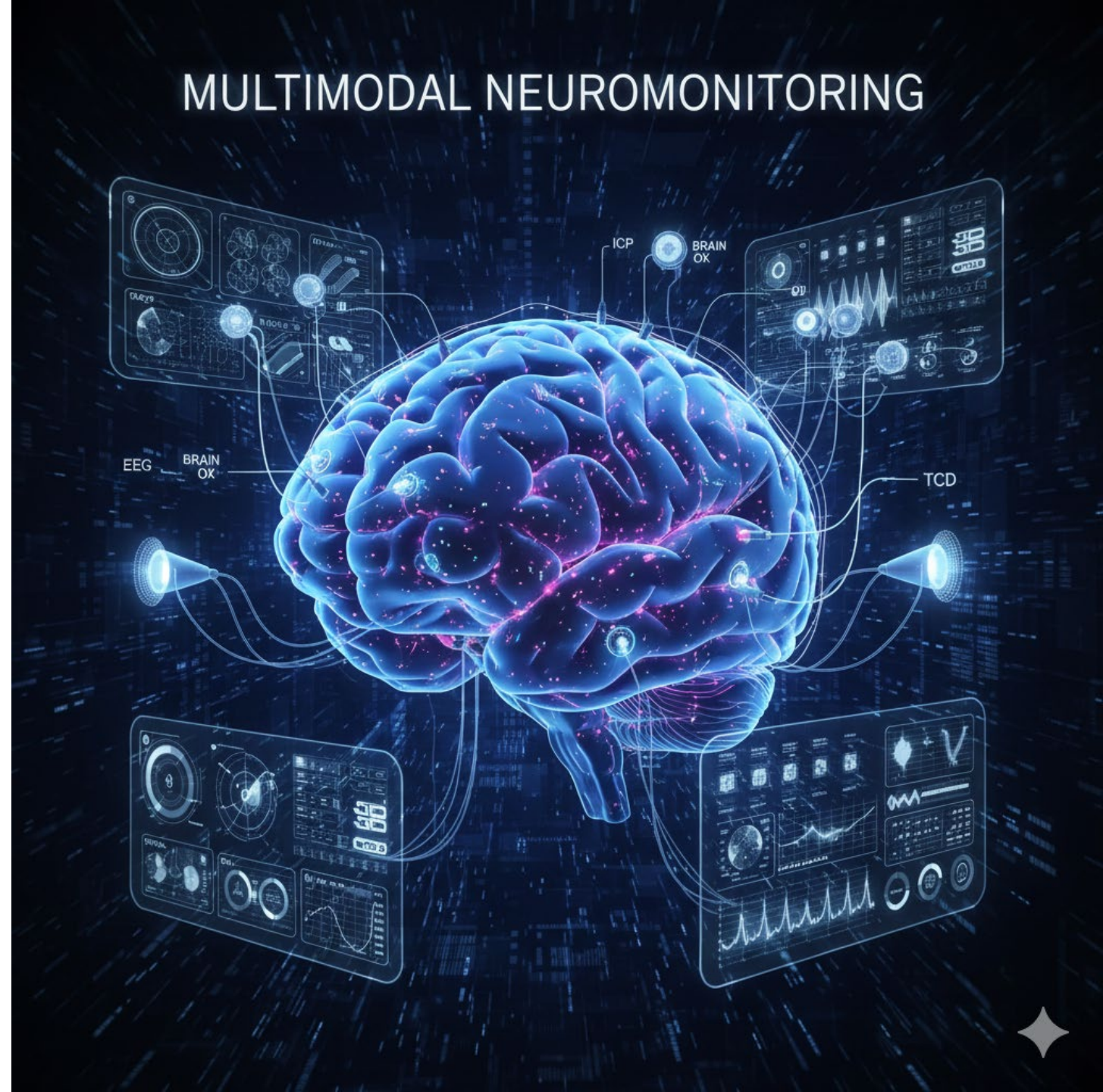


1998 - 2020

# Starting Over

Third Product  
Second Company

## MULTIMODAL NEUROMONITORING



# What do we do?

**Monday, December 15, 1997**

Went into work

- Started asset sale

Multimedia employees showed up

- I can't pay you. Why are you here?

Made a card (right) to announce my death.  
Sent as a Christmas card to our industry associates.



# Vision

# Timeline



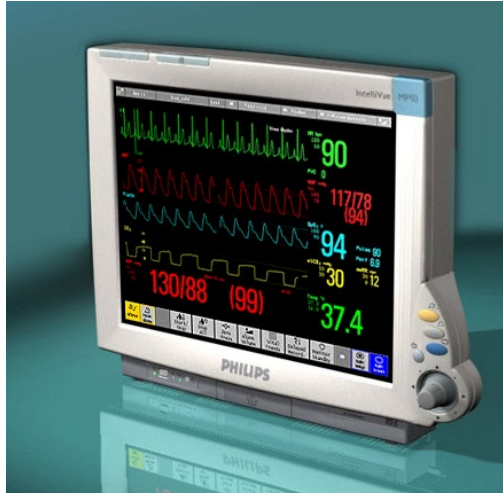
\$50,000



Multimedia  
Group



# Multimedia Group



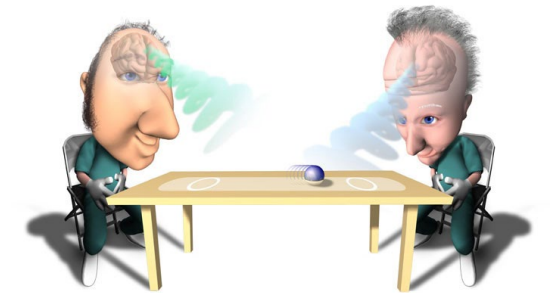
Educational Content



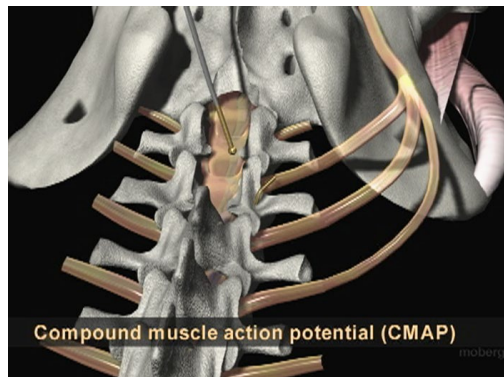
Marketing Animations



Anesthesia Simulation

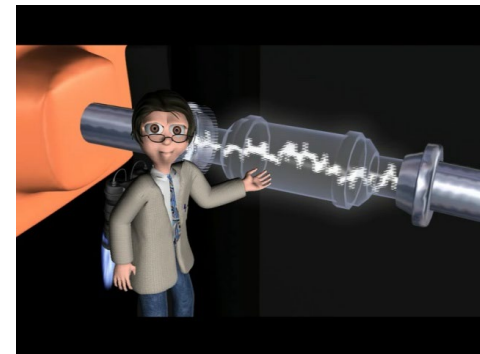


BrainBall

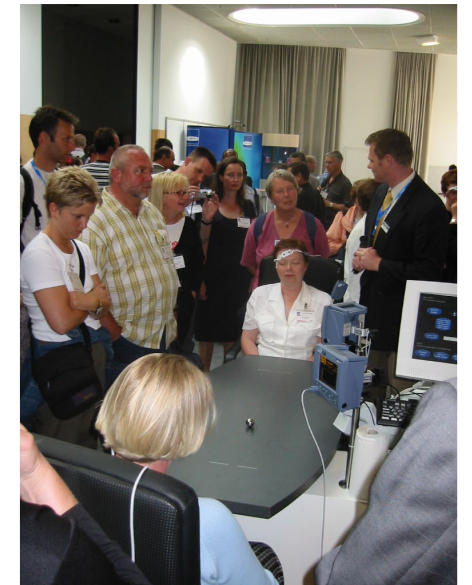


Compound muscle action potential (CMAP)

Training Videos



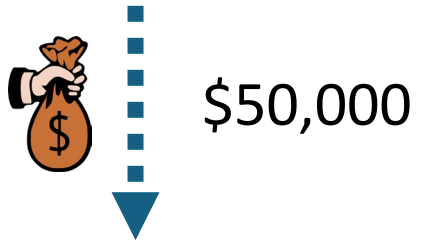
Training Animations



# Timeline



Multimedia Group

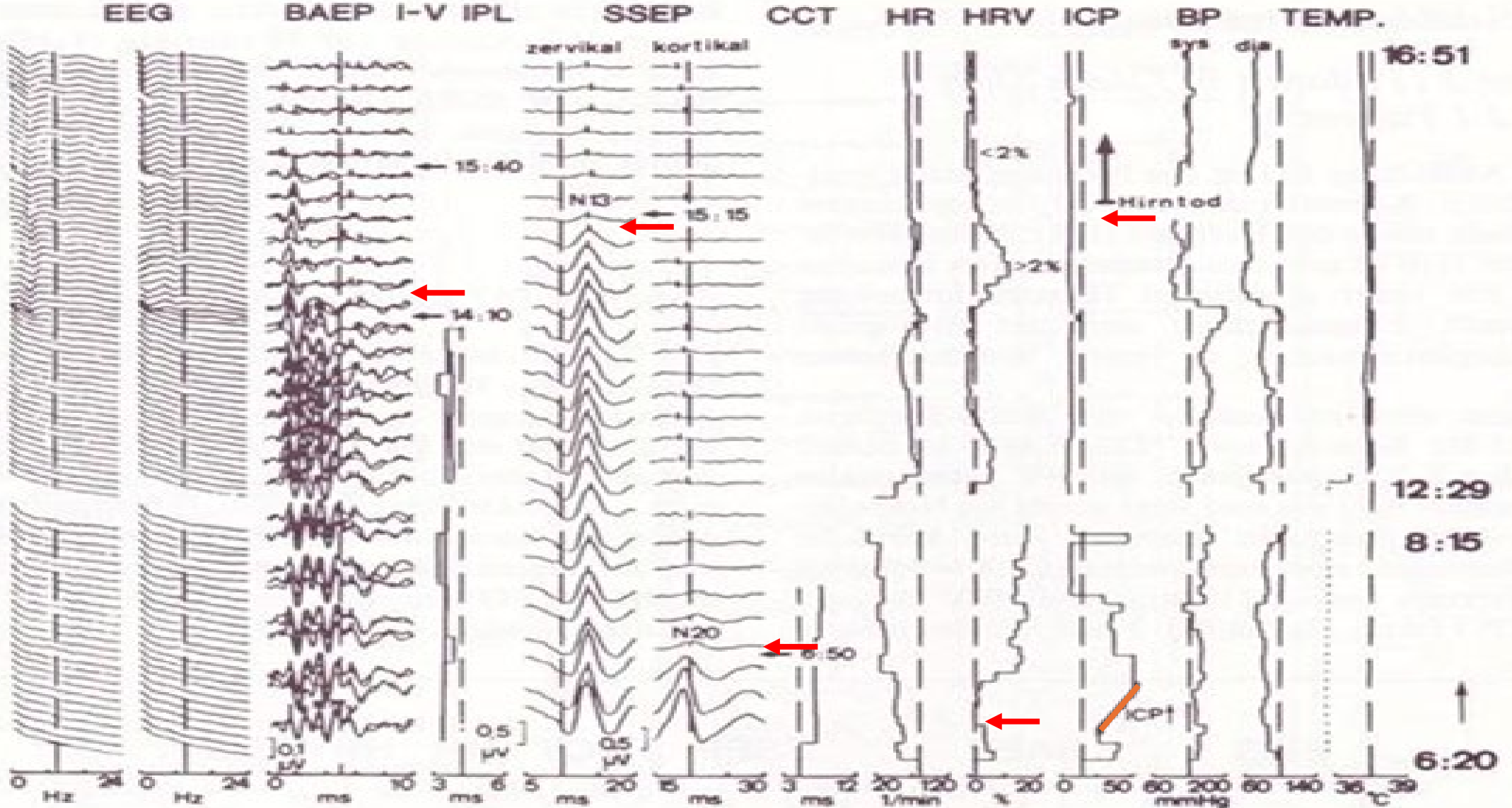


Brain Monitoring  
Vision?

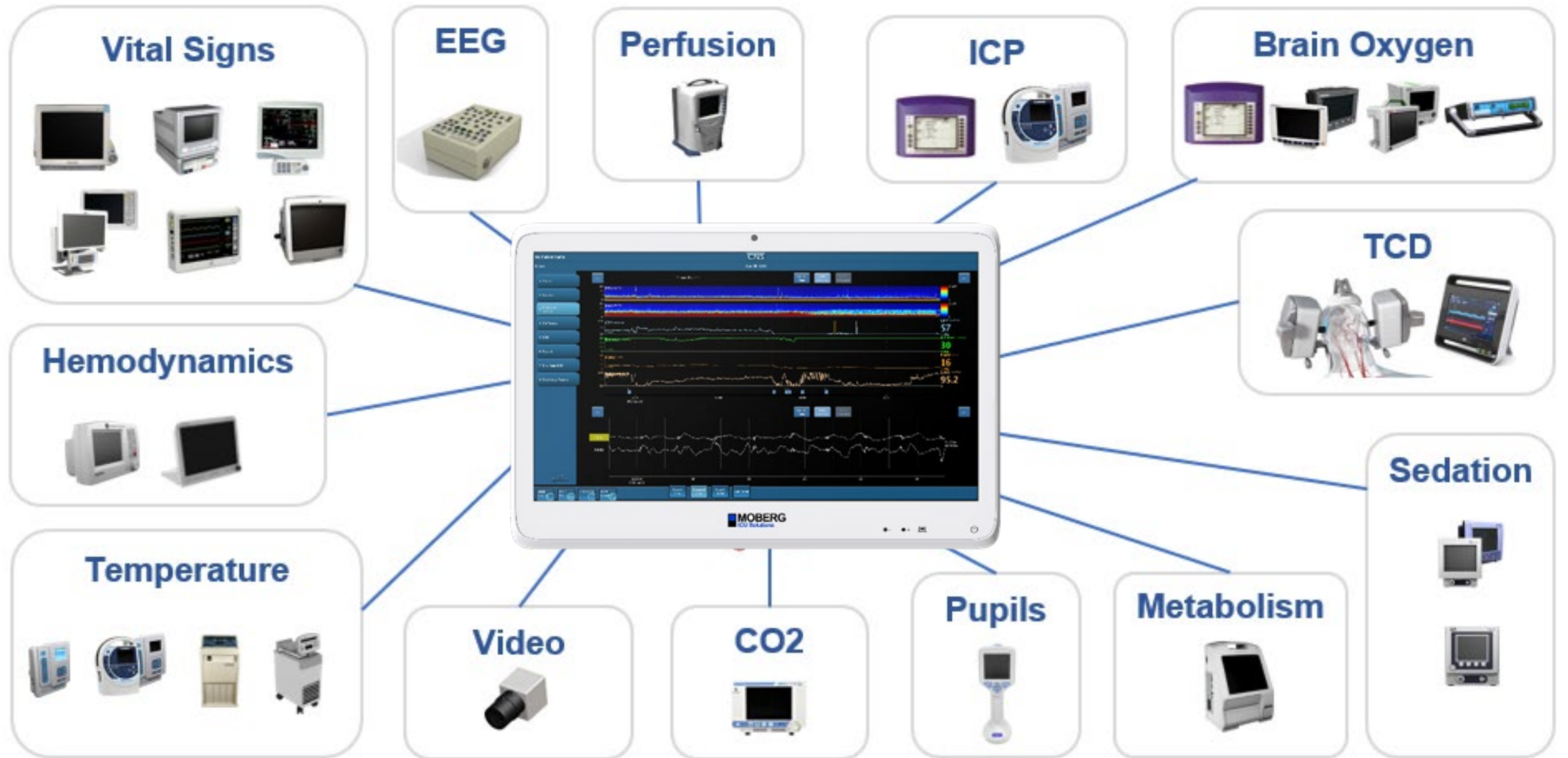
# A Brain Dying – A Physiological Roadmap



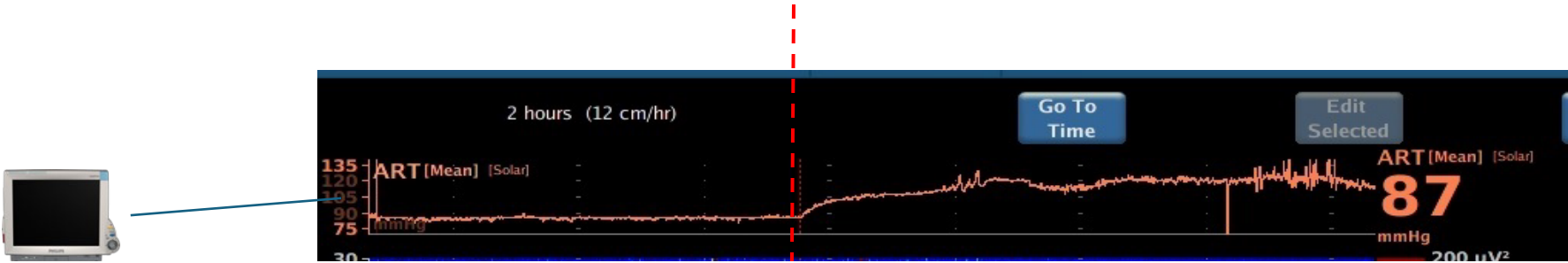
Gerhard Litscher



# Vision



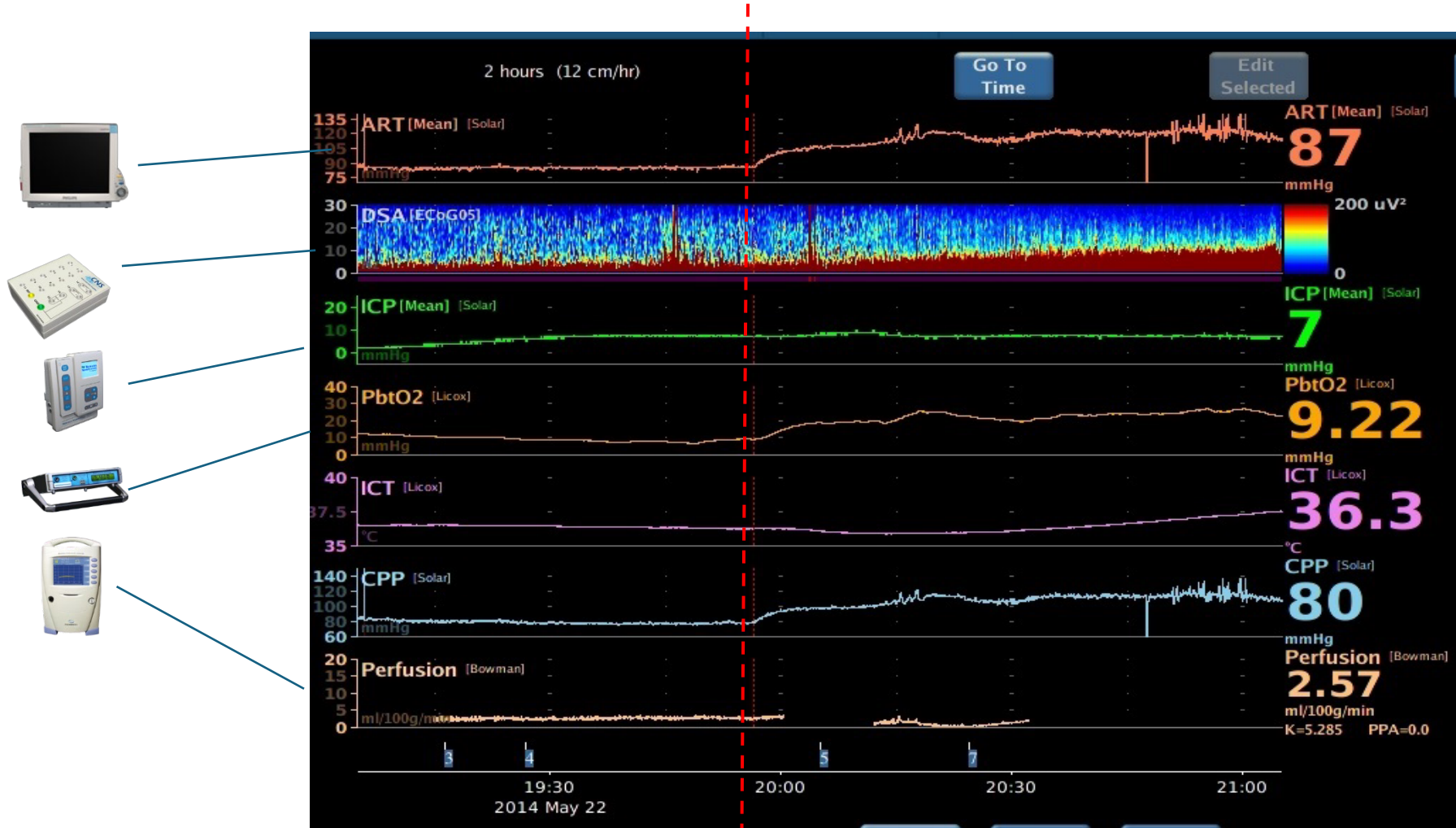
# What you See with a Vital Signs Monitor



# What you See with a Multimodal Monitor

Clinical Value:

Promotes precision management  
Empowers nurses

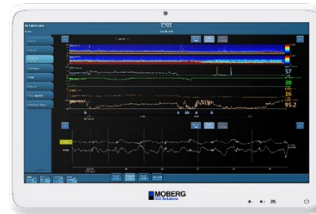
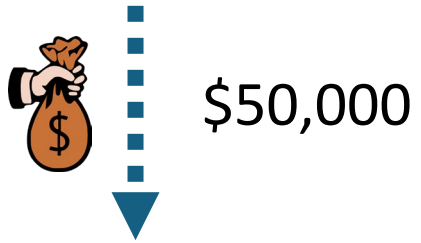


Courtesy of Dr. Eric Rosenthal, MGH

# Timeline



Multimedia Group



The Vision

# Grants - 4

*A novel, easy-to-use, neurological monitor for OR/ER/ICU.* NIH Phase I SBIR (R43 NS37991). To develop a new system architecture for neurological monitoring. 6/15/98-12/15-98. \$99,849.

*A novel, easy-to-use, neurological monitor for OR/ER/ICU.* NIH Phase II SBIR (R44 NS37991-02). To develop a new system architecture for neurological monitoring. 10/1/01 – 9/30/03. \$750,000.

*Medical data fusion watchboard.* Office of Naval Research, SBIR. To develop a prototype display which integrates data of different types on a common screen for surgical resource scheduling. 5/99 to 10/99, \$69,808

*An advanced neurological signals simulator.* NIH Phase I SBIR (R43 NS049941) Development of a neurophysiological signals simulator for training and calibration. 9/1/2004 – 2/28/2005. \$82,470

*Educational aids for intraoperative neuromonitoring.* NIH Phase I SBIR (R43 NS038798). To develop novel educational aids for teaching theory and techniques of neurological monitoring. 7/10/1999 – 1/9/2000. \$100,000

*Educational aids for intraoperative neuromonitoring.* NIH Phase II SBIR (R44 NS038798). To develop simulations of critical incidents in the OR and ICU. 12/1/2004 – 11/30/2006. \$833,664.

*Point of care decision support for nursing.* NIH Phase I SBIR (R43 NR005220) To develop an XML based standard for bedside information interchange. 9/1/2000 – 2/28/2001. \$100,000.

*Point of care decision support for nursing.* NIH Phase II SBIR (R44 NR005220) Continued development of point-of-care information system. 7/1/2004 – 6/30/2006. \$940,673.

# Grants - 5

*The ICU as a Learning Environment.* NIH Phase I SBIR (R43 NR010180) To develop a system that delivers modular educational content to nurses at the bedside in the ICU, assesses the nurse, and delivers continuing education credits. 2/1/2007 – 7/31/2007. \$99,984.

*The ICU as a Learning Environment.* NIH Phase II SBIR (2R44NR010180 - 02A1) To develop a system that delivers modular educational content to nurses at the bedside in the ICU, assesses the nurse, and delivers continuing education credits. 5/1/2009 – 4/30/2011. \$919,988.

*Military Surgical Information System.* US Army/TATRC Phase I STTR (Contract W81XWH-07-C-0091) To design, develop, build and demonstrate a multimedia data and event capture system for the military health care system (MHS). 7/18/2007 – 1/17/2008. \$99,999.

*Military Surgical Information System.* US Army/TATRC Phase II STTR (Contract W81XWH-07-C-0091) To design, develop, build and demonstrate a multimedia data and event capture system for the military health care system (MHS). 9/17/2008 – 9/16/2011, \$750,000.

# Grants - 6

*Integrated Clinical Environment ICE Supervisor.* US Army/TATRC Phase I SBIR (W81XWH-09-C-0055). To perform the preliminary design of a trauma lifesaver assistant using the integrated clinical environment (ICE) information architecture. 1/30/2009 – 7/29/2009, \$100,000.

*Integrated Clinical Environment ICE Supervisor.* US Army/TATRC Phase II SBIR (W81XWH-09-C-0055). To design and implement a trauma lifesaver assistant using the integrated clinical environment (ICE) information architecture. 3/15/2010 – 3/14/2012, \$750,000.

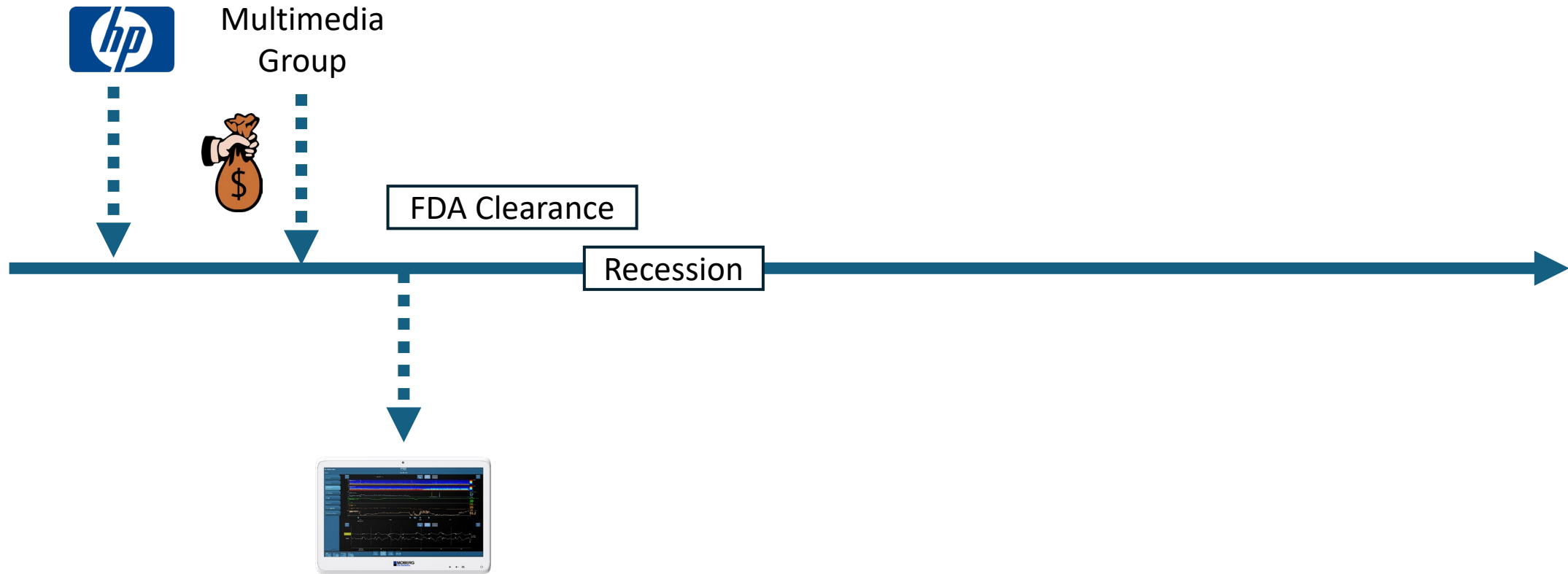
*Integrated Clinical Environment ICE Supervisor.* US Army/TATRC Phase II Enhancement SBIR (W81XWH-09-C-0055). Continued work developing the integrated clinical environment (ICE) information architecture. 9/12/2011 – 9/11/2012, \$1,000,000.

*Integrated Clinical Environment ICE Supervisor.* US Army/TATRC Phase II Extension SBIR (W81XWH-12-C-0189). To continue design of an integrated clinical environment and a medical device simulator. 9/28/2012 – 9/27/2014, \$2,271,221.

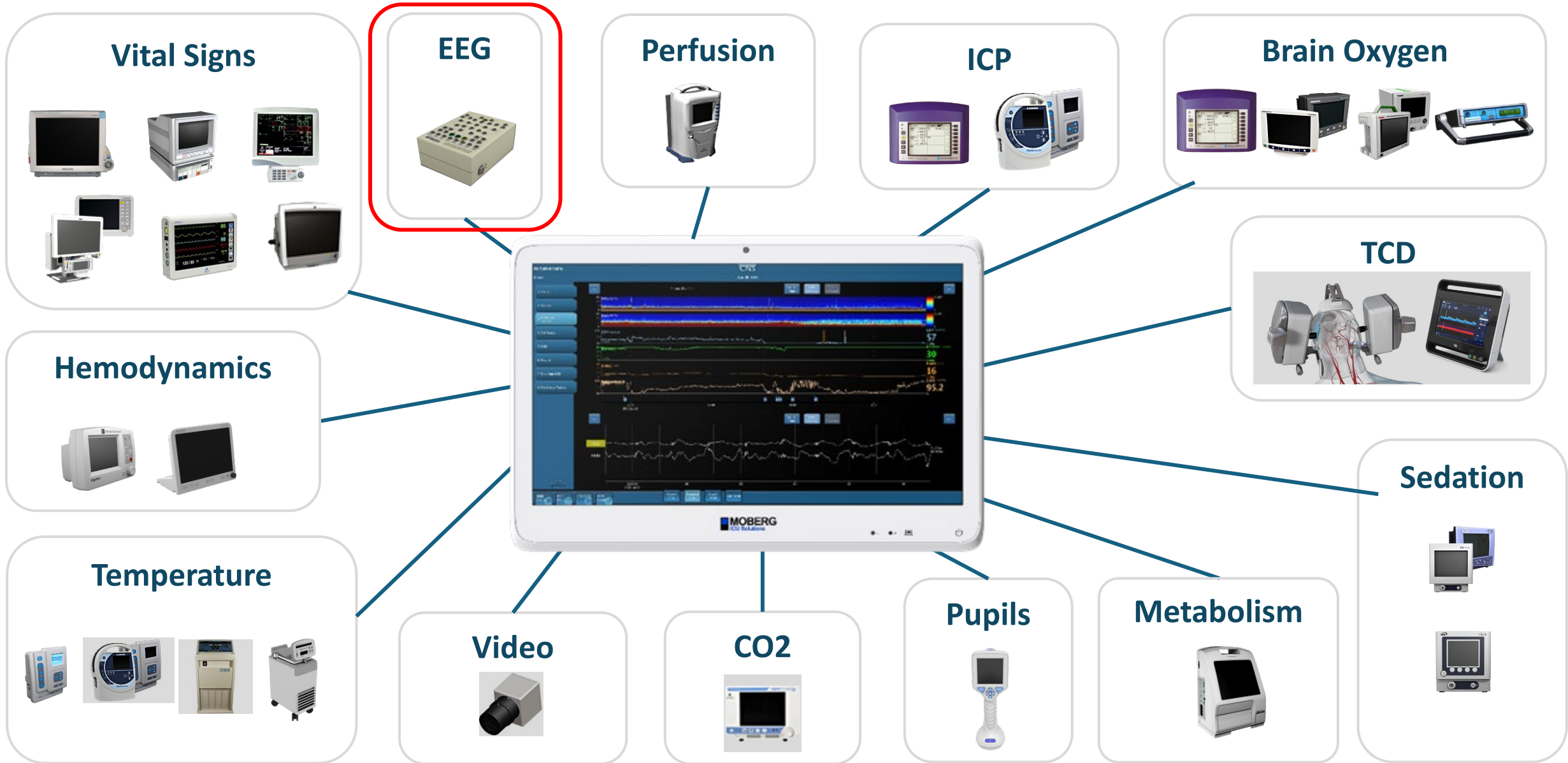
*Integrated Clinical Environment ICE Supervisor.* US Army/Rapid Innovation Fund (W81XWH-09-C-0055). To commercialize components of the ICE system. 9/28/2014 – 9/27/2016, \$3,000,000.

*A New Medical Record for the Brain Enabling Precision Management of TBI..* US Army, Combat Casualty Care (W81XWH190013). To develop a multimodal based medical record for the brain. 6/15/2019 – 6/14/2022, \$4,500,000.

# Timeline

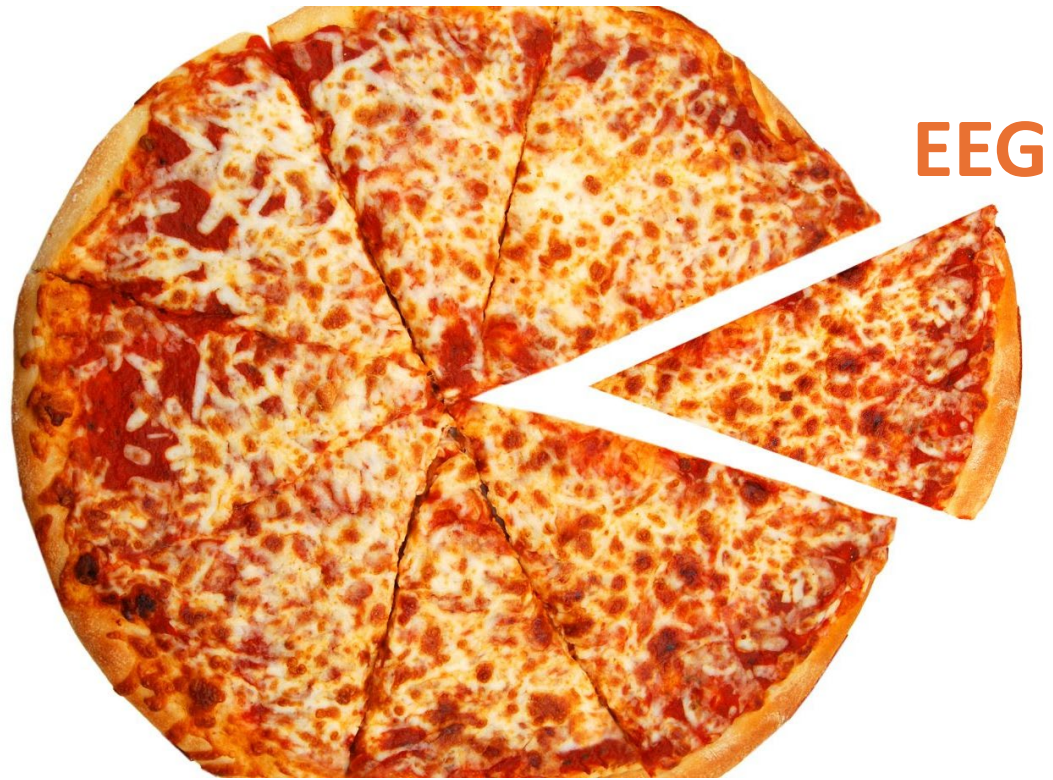


# Product Market Fit – My Perception of EEG



# Product Market Fit

Neuro Intensivists



Neurologist/EEGers



# Product Market Fit

What we developed



*A bedside monitor*

What the EEG folks wanted



*An "epilepsy" EEG machine*

Read EEG  
Bill for EEG  
*Rinse, repeat*

# A Brand is Born

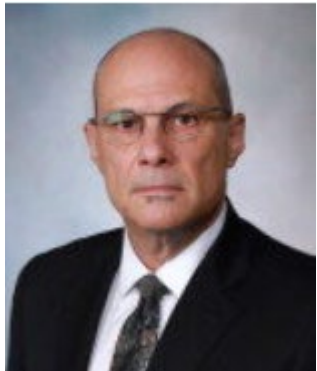


Stephan Mayer

**In a bar**

CNS Technology

Moberg ICU Solutions

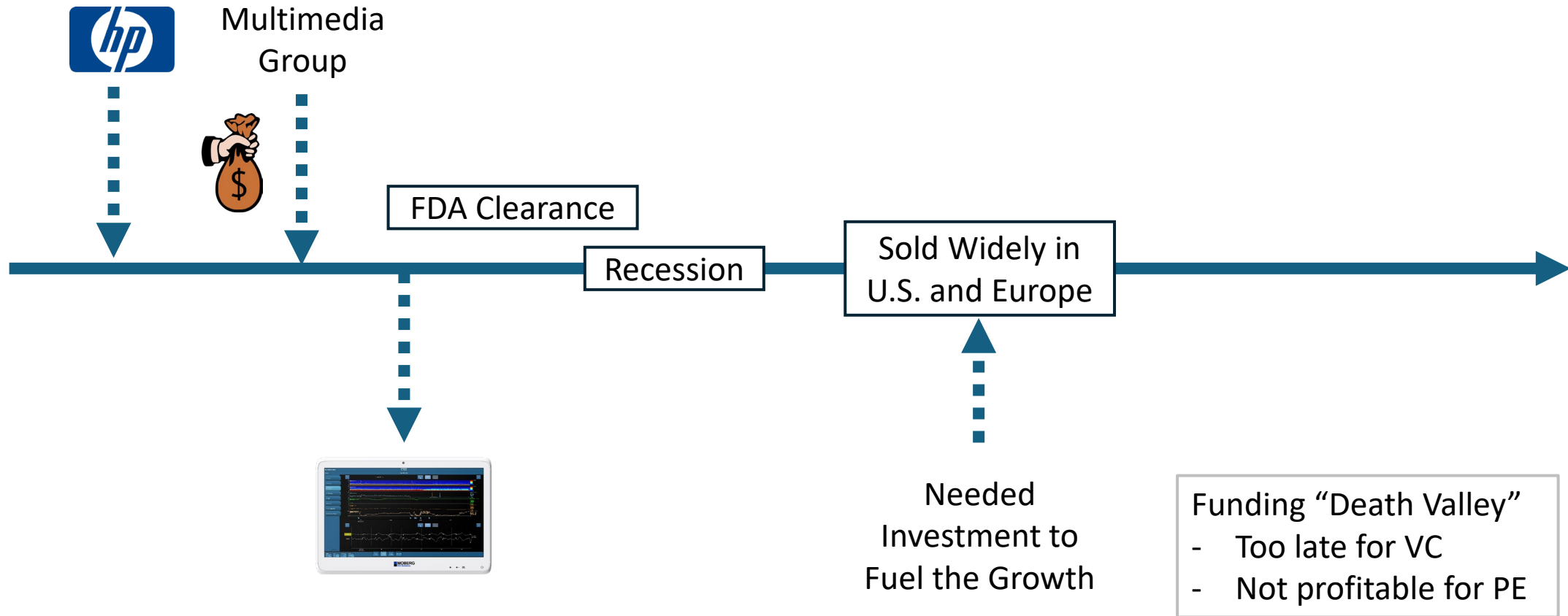


Tony Rittaccio  
Vice Chair Neurology  
Albany Medical Center

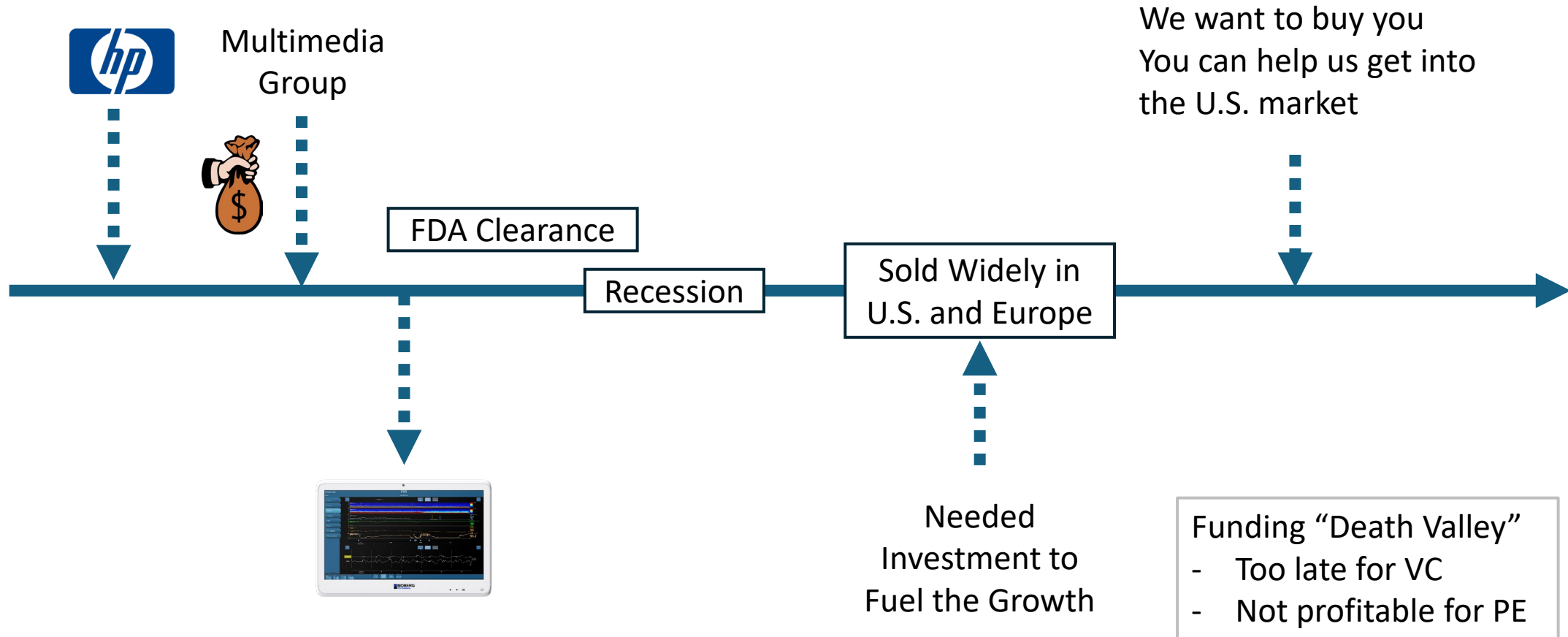
**Plane ride**

We have two “Mobergs”

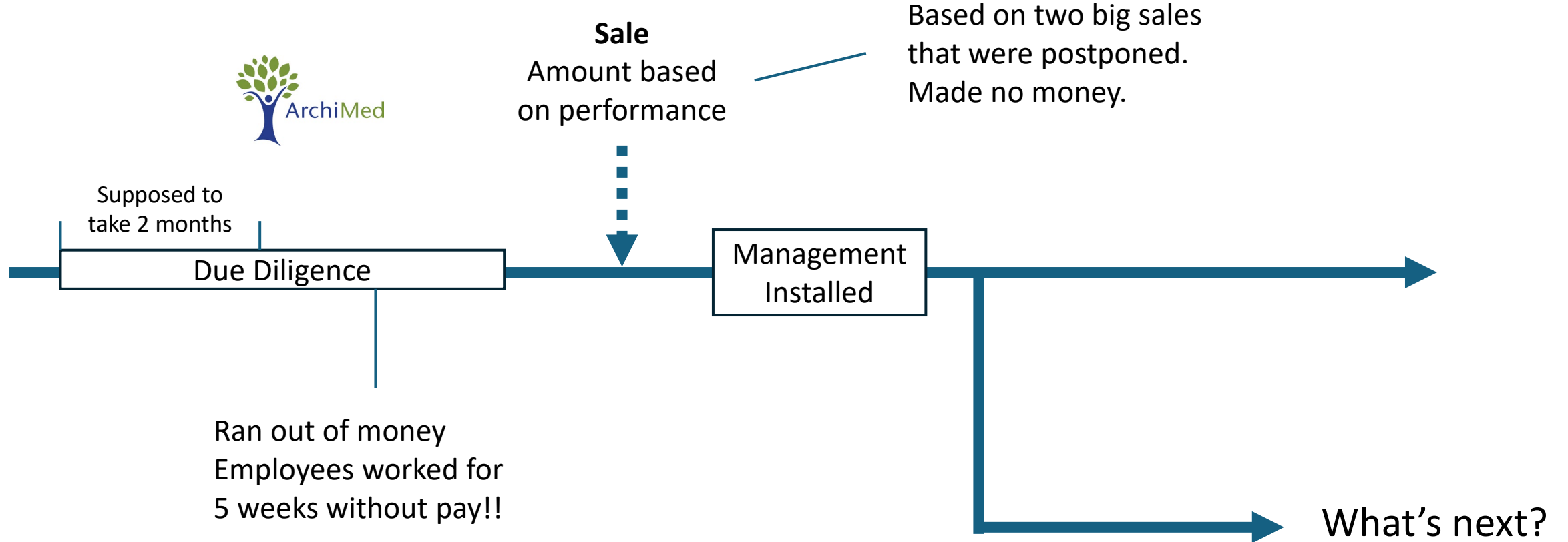
# Timeline



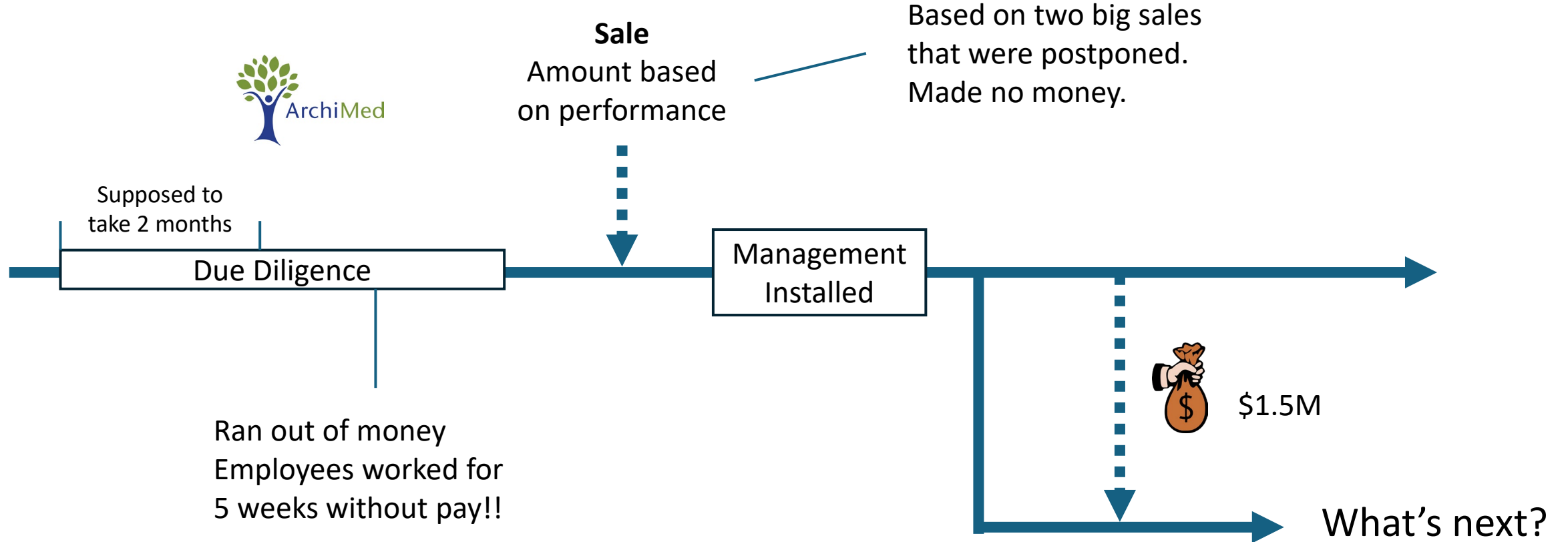
# Timeline



# Timeline



# Timeline



2020 ->

# Matching Computing to Complexity



# The Next Vision

Innovation and  
Expectations



# Aviation

## Flight Distance

952,054  
miles

120  
feet



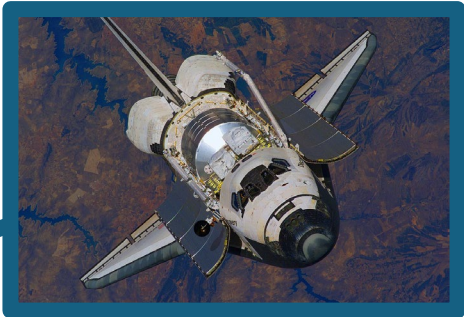
1903



1908



1969



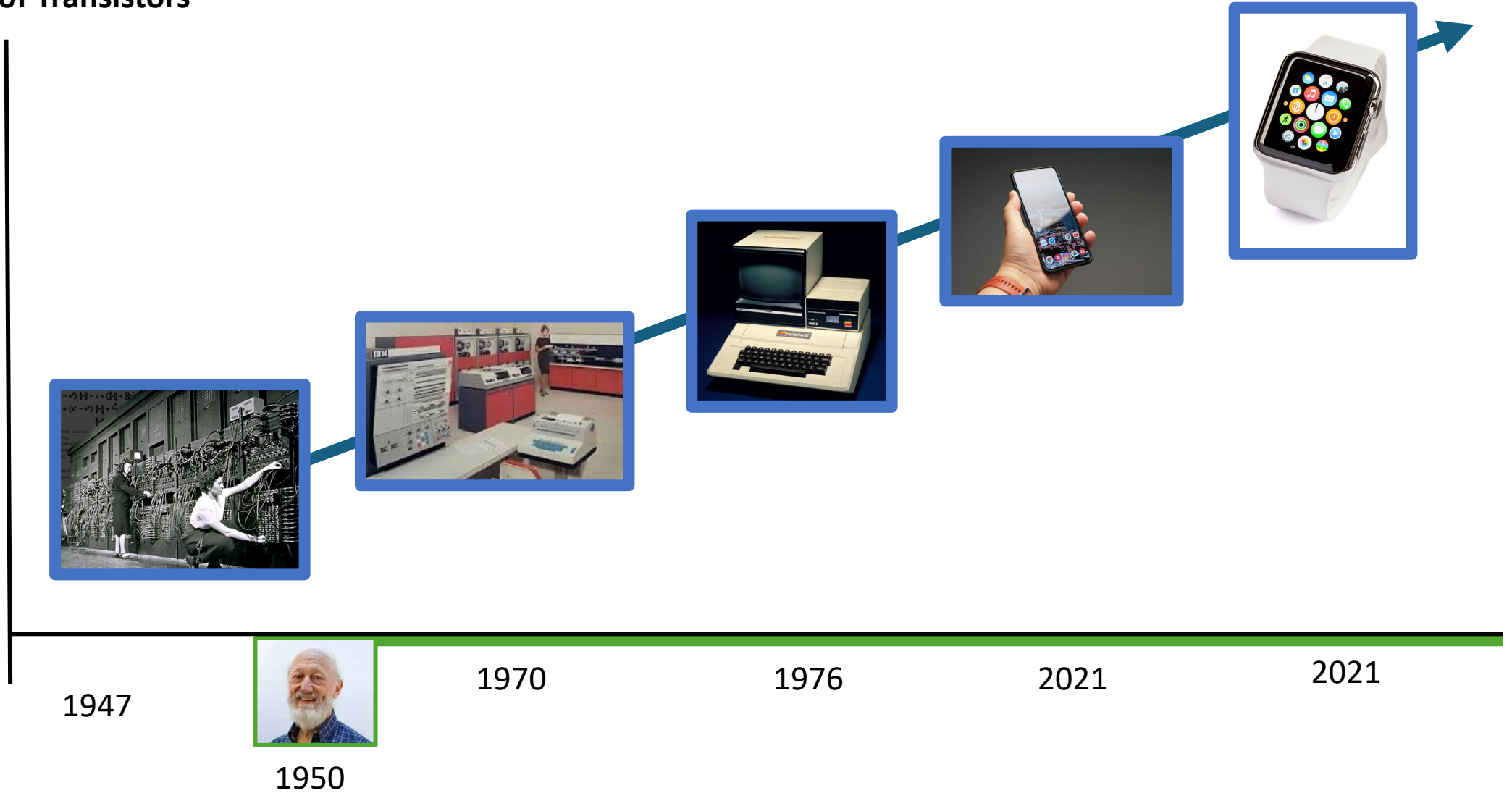
1981

# Computers

## Number of Transistors

5.6 billion

18,000  
Vacuum  
Tubes

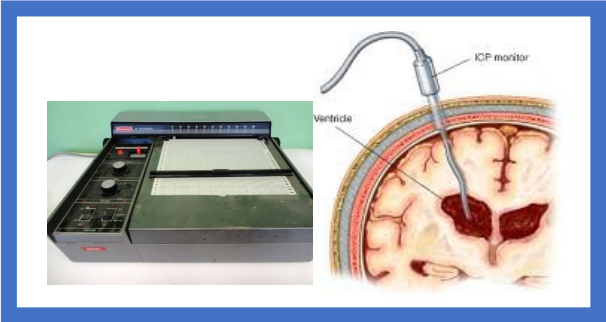


# TBI – Patient Monitoring

## Patient Monitoring (Sensors)

Multimodal  
Monitoring

1 metric



Intracranial Pressure

44 Years



Intracranial Pressure

1974

2018

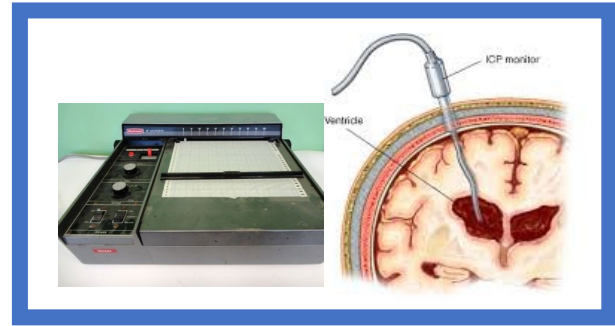
2024

# TBI – Patient Monitoring

## Patient Monitoring (Sensors)

Multimodal Monitoring

1 metric



Intracranial Pressure

44 Years



Intracranial Pressure

When will she wake up?  
How will she be?

1974

2018

2024

# The Next Vision



Innovation Exceeded  
Expectations



Expectations  
Exceeded  
Innovation

Can AI and  
advanced  
analytics help?

Can try to  
match the  
computing to  
the complexity  
of the brain?

Individualized  
Care

Data  
Interoperability

Non-invasive Technology

Analytics

**CLOUD**

BOOST3

Changing  
Nomenclatures

CPPopt

FITBIR

Spreading  
Depolarizations

**AI**

**DATA**



# Cloud Archive for High Resolution Data

Cloud



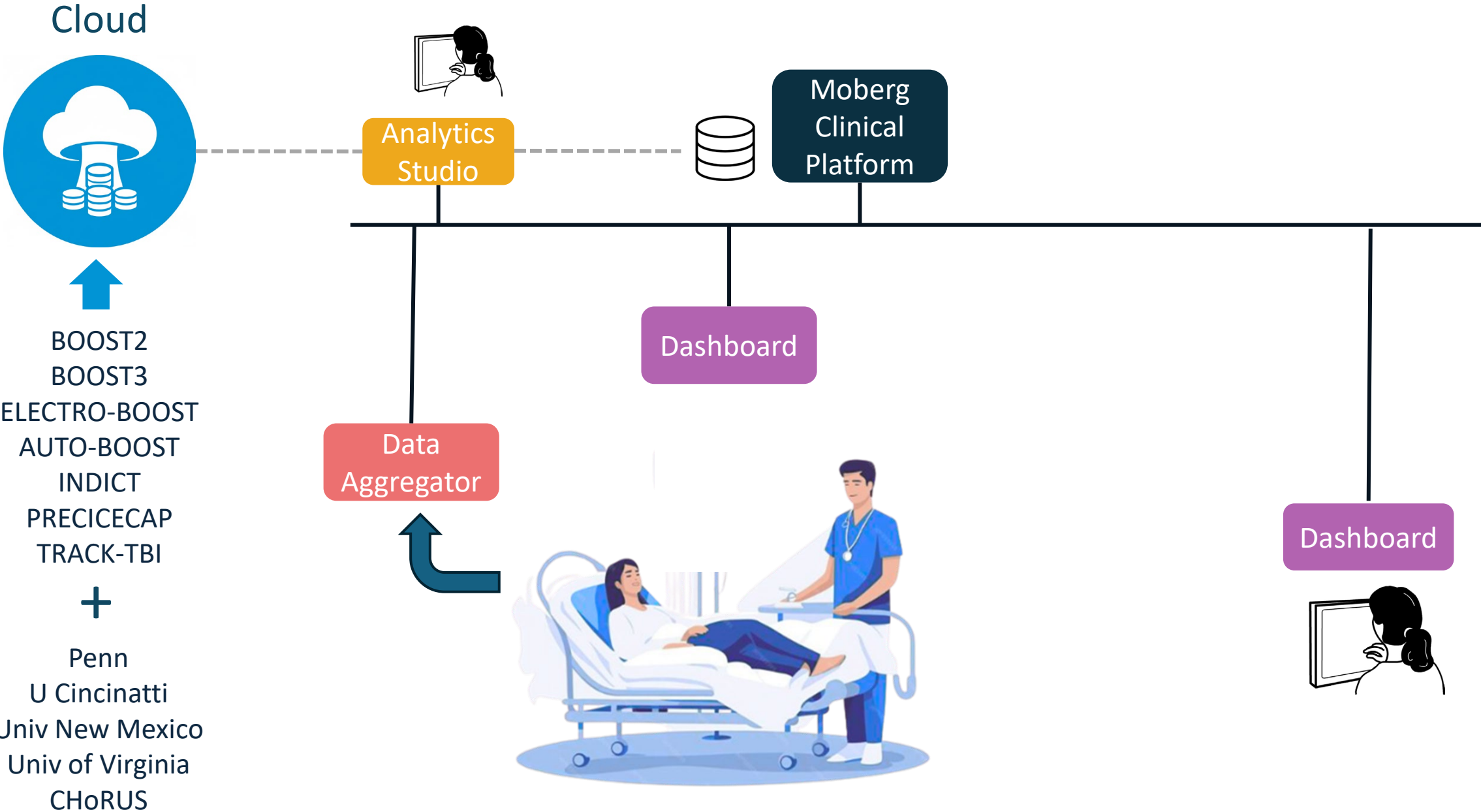
BOOST3  
BOOST2

ELECTRO-BOOST  
AUTO-BOOST  
INDICT  
PRECICECAP  
TRACK-TBI

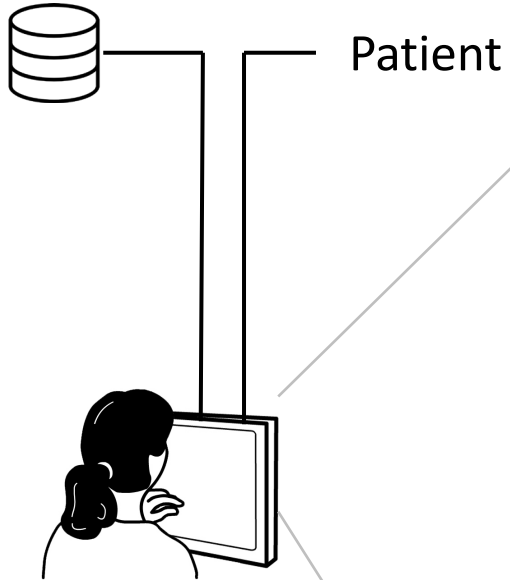


Penn  
U Cincinnati  
Univ New Mexico  
Univ of Virginia

# Analytics Platform for Neurocritical Care



# Analytics Studio



Analytics Studio

The screenshot shows the Analytics Studio interface. On the left is a file explorer for the directory "/ ICSD-2025 /". The main area is a code editor with Python code for CPPopt curve fitting. Below the code is a plot titled "CPPopt Curve Fit" with a summary table and a legend.

CPPopt [LLA, ULA]	88 [72, 117] mmHg
PRx opt	-0.03
Included Data %	82%

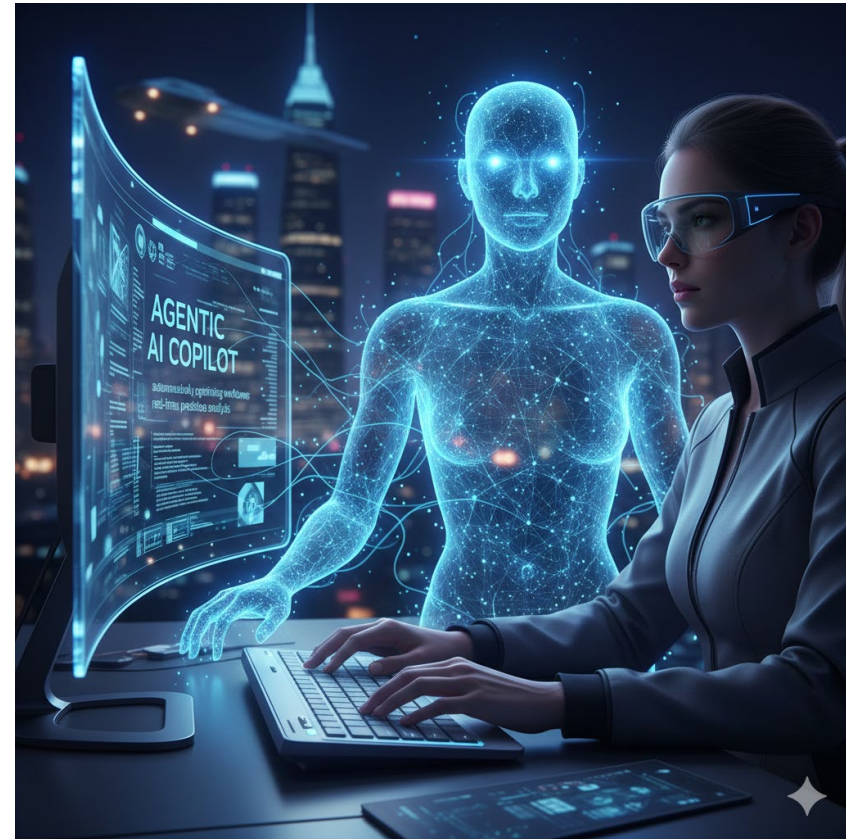
Legend:

- Fitted Parabola
- CPPopt
- CPP range of Intact CAR
- PRx CAR Threshold
- CPP-PRx data point
- Error Bar (Mean ± Standard Error)
- Error Bar excluded from curve fitting

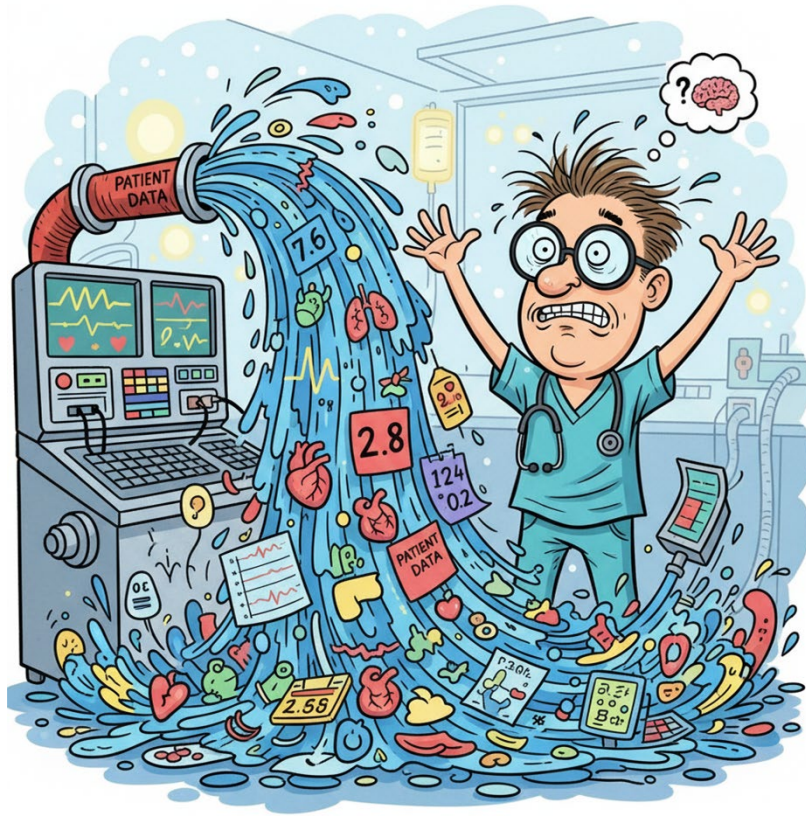
# Solve the Data Overload Problem



## Critical Care Copilot



# Clara – Our Agentic AI “Helper”



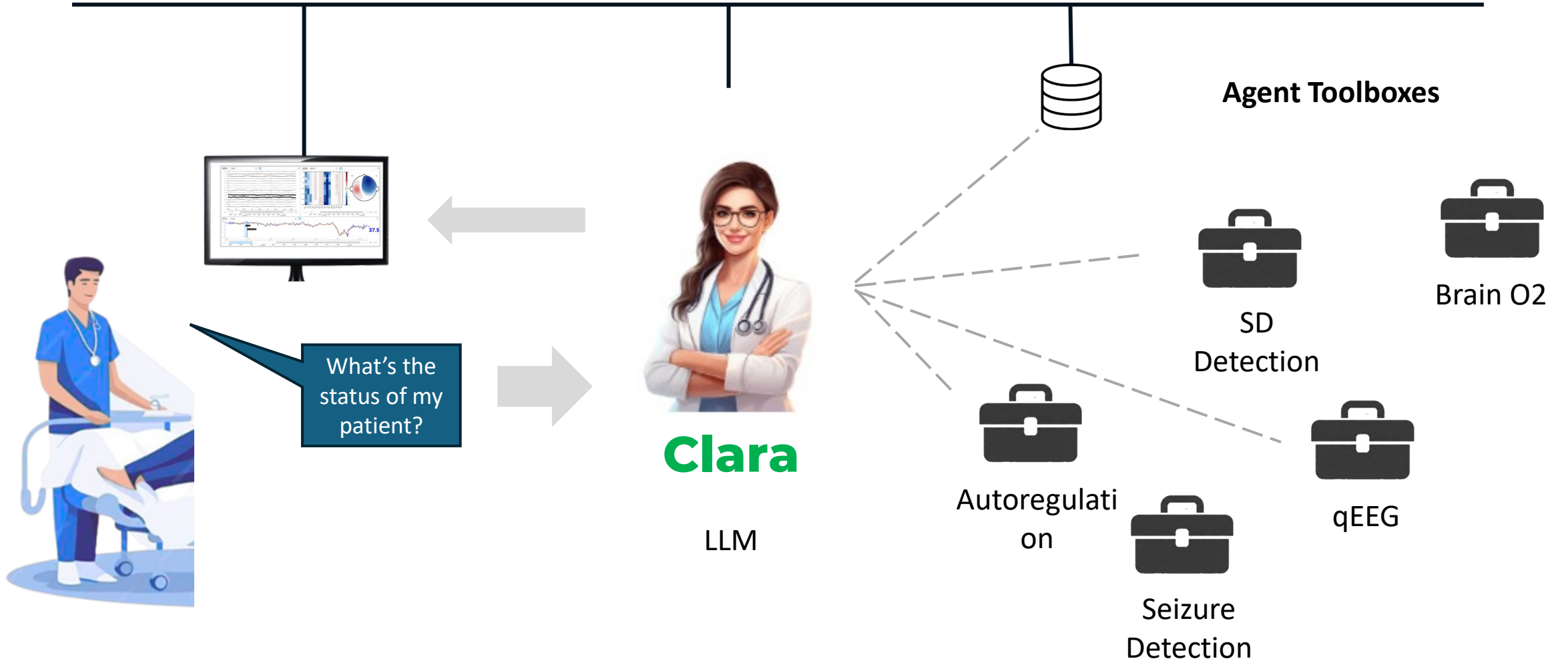
**Clara**

 OpenAI

at UTSW

**UNDER DEVELOPMENT**

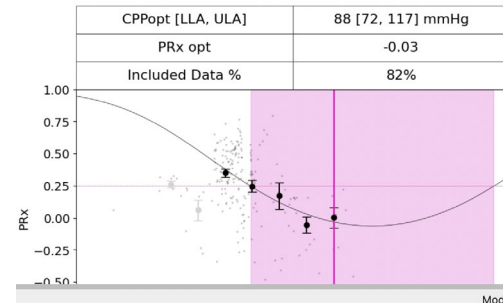
# Clara



# Agent Toolboxes - Standardization



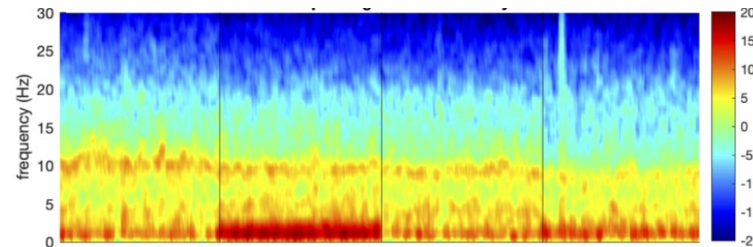
Autoregulation



CPPopt



qEEG



DSA

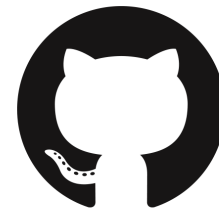
# Agent Toolboxes

## Types

- In-house
- 3<sup>rd</sup> Party – licensed
- 3<sup>rd</sup> Party - Freely Usable
- Open Source – Community Supported



**Neuromonitoring Analytics  
Discord Server**



**Neuromonitoring Analytics  
Github**

# Translation of Ideas

Cambridge University  
Dr. Peter Smielewski  
Autoregulation Indices

UCSF  
Dr. Mauro Cafarelli  
COIN Index

University of Cincinnati  
Dr. Brandon Foreman  
Waveform artifact detection

University of Cincinnati  
Dr. Brandon Foreman  
P2/P1 Index

MGH/Harvard  
Dr. Eric Rosenthal  
Coma recovery prediction

Royal Perth Hospital  
Dr. Rob McNamara  
ICH Prediction

University of Cincinnati  
Dr. Jed Hartings  
Spreading Depolarizations  
Detection

UCSF  
Dr. Britta Lindquist  
Continuous blood gas  
estimation



# Grants - 7

*Data Fusion and AI to Optimize Severe Brain Injury Management in Prolonged Care..* US Army, MTEC-21-06-MPAI-021.  
To develop a portable TBI Advisor for prolonged field care. PoP 1 3/21/2022 – 3/14/2023, \$920,085.

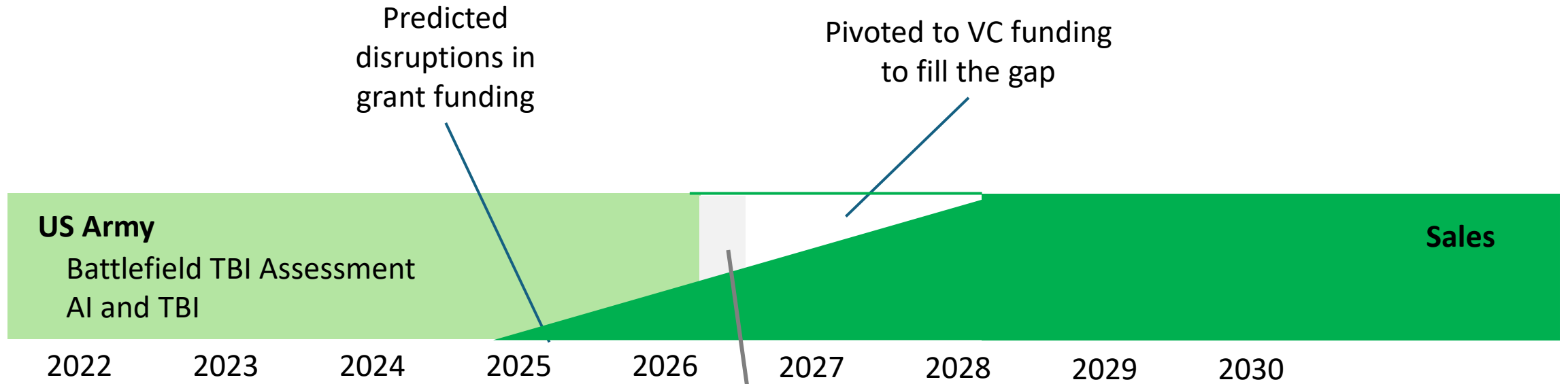
*Data Fusion and AI to Optimize Severe Brain Injury Management in Prolonged Care..* US Army, MTEC-21-06-MPAI-021.  
To develop a portable TBI Advisor for prolonged field care. PoP 2 3/16/2023 – 1/24/2024, \$1,080,800.

*Data Fusion and AI to Optimize Severe Brain Injury Management in Prolonged Care..* US Army, MTEC-21-06-MPAI-021.  
To develop a portable TBI Advisor for prolonged field care. Pop 1/25/2024 – 1/25/2025, \$886,186.

*Data Fusion and AI to Optimize Severe Brain Injury Management in Prolonged Care..* US Army, MTEC-21-06-MPAI-021.  
To develop a portable TBI Advisor for prolonged field care. PoP 4 1/26/2025 – 1/25/2026, \$935,799.

ACME: The Autonomous Communications Medical Ecosystem. US Army, MTEC-24-05-AutoDocSensor-014 8/5/2024  
to 3/1/2026 \$368,550

# Funding



## Seed Round Financing

\$2 M Total

- \$600K raised (closed October, 2025)
  - Ben Franklin Technology Partners (lead)
- \$1.4 M in progress (close in June)
  - European strategic partner (likely lead)

# Traction

**Current traction:** Research and Evaluation  
**Growth opportunities:** Clinical Use (Post-FDA)

**Signed**  
138K ARR

**UTSouthwestern**  
Medical Center



6 beds

6 beds

3 beds

6 beds

2 beds

**Contracting**  
453K ARR

**UTSouthwestern**  
Medical Center

Yale  
NewHaven  
Health

Yale  
NewHaven  
Health



GOETHE  
UNIVERSITÄT  
FRANKFURT AM MAIN



60 beds

2 beds

20 beds

6 beds

18 beds

4 beds

**Qualified**

**UTSouthwestern**  
Medical Center



UCSF Health



24 beds

22 beds

33 beds

24 beds

4 beds

**Qualified**



39 beds

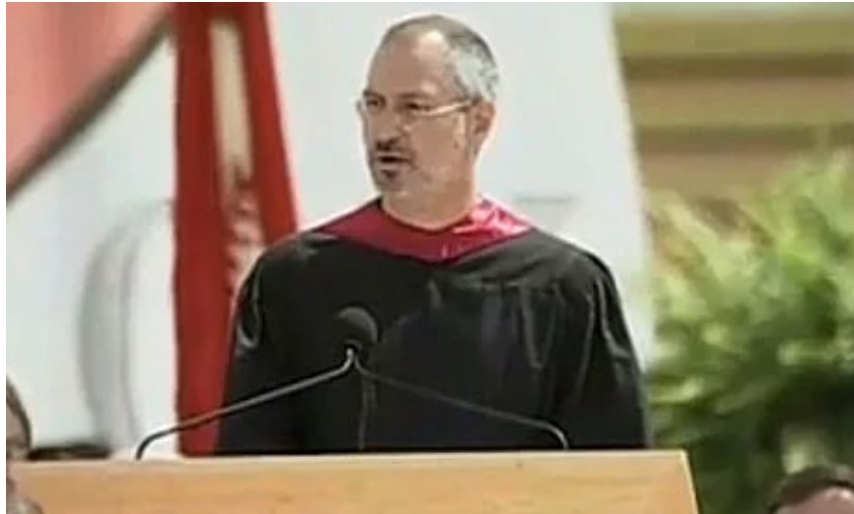
4 beds

1 bed

**Discovery**



# Connecting the Dots in Your Life



*Steve Jobs, Apple Founder  
Commencement Speech  
Stanford - 2005*

"You can't connect the dots looking forward. You can only connect them looking backward. So you have to trust that the dots will somehow connect in your future.

You have to trust in something -- Have the courage to follow your heart and intuition. They somehow already know what you truly want to become."