



Hands-On Cadaver Workshop: Disc-FX® Discectomy System and Endoscopic Rhizotomy Training REGISTRATION FORM

**This registration form does not act as a confirmation for this workshop date.
A confirmation email will be sent out to the requesting party regarding the confirmation and details of the workshop request.**

Name: _____ MD DO Other _____
As you would like seen on your certificate

Specialty: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

How did you learn about this workshop? _____

Internet Tradeshow: _____

Email Sales Representative - Rep Name: _____

elliquence Educational Institute

at elliquence Headquarters • 2455 Grand Avenue, Baldwin, New York
For Directions Please Visit: <http://www.elliquence.com/contact-us/>

Workshop Fee: \$500

**Cancellation Policy: A 100% refund will be given if cancellation is done more than 1 week (8 days) from the workshop date.
A 50% refund will be given if cancellation is done within 1 week (7 days) or less of the workshop date.**

February 9, 2019

March 30, 2019

June 8, 2019

September 14, 2019

November 23, 2019

Registration Code (If applicable): _____

Please charge cancellation fee to my: Visa Mastercard AmEx Wire Transfer

Card #: _____

Exp: _____ Security Code: _____

Cardholder's Name: _____

Cardholder's Address (if different the participant) _____

Please Fax or email completed registration form to:

Email: labs@elliquence.com

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