



Hands on Cadaver Workshop Registration Form

This registration form does not confirm the requested time and date of the workshop.
A confirmation email will be sent out to the requesting party regarding the confirmation and details of the workshop

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/>

Please select one of the following trainings:

- Disc-FX Mini - Oct. 26, 2019 (**\$500 Registration Fee***)
- Transforaminal Endoscopic Spine - November 16, 2019 (**\$1500 Registration Fee***)
- Disc-FX and Endoscopic Rhizotomy - November 23, 2019 (**\$500 Registration Fee***)

*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.

Registration Code (if applicable): _____

Please feel free to email MRI's of upcoming surgical candidates to labs@elliquence.com prior to your arrival.
If you're unable to email them, feel free to bring them in to discuss while in attendance.

Please charge registration 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