



2020 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 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

Please select one of the following 2020 trainings:

March 7th - Endoscopic Spine - Transforaminal Approach (**\$1500 Registration Fee***)

March 21st - Disc-FX and Endoscopic Rhizotomy (**\$500 Registration Fee***)

April 18th - Endoscopic Spine - Transforaminal Approach (**\$1500 Registration Fee***)

June 13th - Disc-FX and Endoscopic Rhizotomy (**\$500 Registration Fee***)

June 27th - Disc-FX Mini (**\$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 bring in MRI's of upcoming surgical candidates to the workshop to discuss.

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 email completed registration form to:

Email: labs@elliquence.com