



2021 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 University of Medicine "Carol Davila" Bulevardul Eroii Sanitari 8,
Bucharest 050474, Romania

Requested Topic of Training (Please select your top 2)

Endoscopic Transforaminal

Endoscopic Rhizotomy

Lumbar Discectomies with Disc-FX

Endoscopic Interlaminar

Endoscopic Stenosis

Cervical Discectomies with Disc-FX Mini

For Advanced Endoscopic Doctors

For Advanced Endoscopic Doctors

For Experienced Disc-FX Lumbar Doctors

Please feel free to bring in MRI's of upcoming surgical candidates to the workshop to discuss.

EURO 800.—(exclusive Hotel)

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) _____

If you cancel 7 days or less from the confirmed date, we will charge you a cancelation fee of \$250.

Please email completed registration form to hwieser@elliquence.com

