

**Hands on Cadaver Workshop Registration Form at
elliquence Educational Institute (Florida)**

622 Banyan Trail, Suite 606, Boca Raton, FL 33431

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: _____

Mobile Phone: _____ Work Phone: _____

Email: _____

How did you learn about this workshop? _____

Internet Tradeshow: _____

Email Sales Representative - Rep Name: _____

**Disc-FX (for contained disc herniations)
and Endoscopic Facet Denervation (Rhizotomy)**



Proctored by
Russell Feit, M.D.
Board Certified Interventional Pain Specialist

Date: Saturday, May 21st

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

There is no charge for attending the event. However there is a \$250 cancellation fee if you cancel within 7 days or less of the event.

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 labs@elliquence.com

Physician's Name: _____

Specialty: _____

Practice Locations Name and Address			
Phone			
Facility's Contact Name:			
Facilities you anticipate to operate in:			
Policies for bringing in new products:			
Credential requirements to start a new procedure from your facility			
Contacts and phone numbers at the Facility for beginning the process:			
Rep Credentialing Organization:			


elliquence Rep name? _____

CHECK ALL THAT APPLY

Insurances and Payment Major Med's Medicare Personal Injury Cash Pay

If personal injury was selected, what is your practice percentage? Less than 10% 25% 50% 75% 100%

If cash was selected, what percentage of your practice is cash? Less than 10% 25% 50% 75% 100%

Procedural Experience & Volume	Yes (#) of cases /month	No	
Injections			Anticipated Volume After Training. Cases Per Month  <small>PLEASE FILL IN</small>
Discograms			
Intradiscal Therapies (Thermal, Mechanical)			
Disc-FX			
Disc-FX Mini			
Transforaminal Endoscopy			
Interlaminar Endoscopy			
Endoscopic Rhizotomy			
Microscopic Tubular Surgery			
MIS Fusion			
Others (ie: _____)			

Please email completed workshop metrics and registration form to labs@elliquence.com