

DISC-FX[®]

Minimally Invasive Discectomy System Hands-On Workshop Registration Form

elliquence
Less Is More[®]

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

Specialty: Ortho Neuro Pain Management Other _____

Mailing Address: _____

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

Phone: _____ Fax: _____

Email: _____

How did you learn about this workshop?

Internet Email
 Exhibit Sales Representative - Rep Name: _____

2017 Hands-on Workshops at King Chulalongkorn Memorial Hospital

Workshop Fee: \$500.00

July 22nd

Please charge to my: VISA Mastercard AmEx Wire Transfer

Card #: _____

Exp: _____ Security Code: _____

Cardholder's Name: _____

Cardholder's Address (if different then participant): _____

Please submit completed registration forms to:

Fax: +1 (516) 277-9001 or Email: yshigemori@elliquence.com

If you do not receive a confirmation email then you are not registered for the course.

For more information call: +1 (516) 277-9008 or Email: yshigemori@elliquence.com

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