



**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](mailto: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](mailto:yshigemori@elliquence.com)

**elliquence Education Institute**

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