



**Minimally Invasive Discectomy System**  
Hands-On Workshop Registration Form

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

Specialty: Ortho Neuro Pain Management Other .....

Facility Name: .....

Facility Address: .....

City: ..... State: ..... Zip: ..... Country: .....

Phone: ..... Fax: .....

Email: .....

How did you learn about this workshop?

Internet Exhibit: .....

Email Sales Representative - Rep Name: .....

**2018 Hands-on Workshops**  
at King Chulalongkorn Memorial Hospital  
**Workshop Fee: \$500**

**March 9-10**

Please charge cancellation fee to my: Visa Mastercard AmEx Wire Transfer

Card #: .....

Exp: ..... Security Code: .....

Cardholder's Name: .....

Cardholder's Address (if different the participant) .....

Please Fax or email completed registration form to:

Fax: (516) 277-9001 / Email: yshigemori@elliquence.com

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

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

**elliquence Educational Institute**

2455 Grand Avenue • Baldwin, New York 11510-3531 U.S.A.  
Phone: 516-277-9000 • Fax: 516-277-9001 • www.elliquence.com