



**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 .....

Mailing Address: .....

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

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

Email: .....

How did you learn about this workshop?

Internet Exhibit: .....

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

**DISC-FX**  
*Get Back in Motion.*

**Workshop Location:**  
**Ramathibodi Hospital**  
Bangkok, Thailand

**Workshop Fee: \$500**

**June 2, 2018**

**June 23, 2018**

Please charge workshop 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](mailto:yshigemori@elliquence.com)

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