



Minimally Invasive Discectomy System
Hands-On Workshop Registration Form

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

Specialty: _____

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

Workshop Location:
King Chulalongkorn Memorial Hospital
Bangkok, Thailand

Date: March 23, 2019

Workshop Fee: \$500

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: discfx@elliquence.com