



Event Sign Up Form

Attendee Name

Practice Name: _____
 Provider Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax: _____
 Mobile: _____ E-Mail: _____

Your Order Information

Item	Description	Price	Quantity	Total
[] Doc	Certification in Spinal Decompression Research (CE Included)	\$295.00	—	
[] Staff	Certification in Advance Decompression Training (Non-CE)	\$99.00	—	

Location: Renaissance Orlando @ SeaWorld
 6677 Sea Harbor Dr., Orlando, FL 32821

Subtotal: _____

For special rate of \$159 + \$25 resort fee & taxes per night
 Call +1-407-351-5555 & mention Chiro Symposium Oct 2022

Event is Friday 4:30-7:30; Saturday 8:30-6:30 & Sunday 8-12

Card Number: _____ - _____ - _____ - _____ Exp: ____/____

Card Type: VISA American Express MasterCard

Authorized Amount: \$ _____ CVC Code: _____

I, _____ authorize EXCITE MEDICAL to charge the above referenced credit card for this order. I understand that subject to the conditions of cancellation by EXCITE MEDICAL that otherwise all sales are final.

_____ _____ _____
 Print Name Card Holder Signature Date

Please fax/email your order to +1-888-408-0407 / events@excitemedical.com Thank You!