



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 | Spinal Decompression Mastermind (Certificate Included) | \$295.00 | — | |
| [] Staff | Spinal Decompression Mastermind <u>Please submit a photocopy of your drivers license and chiropractic license with registration to receive CE hours.</u> | \$199.00 | — | |

Location: Hyatt Regency Frisco Dallas
 2615 Preston Rd
 Frisco, TX 75034

| |
|-----------------|
| Subtotal: _____ |
|-----------------|

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

| | | |
|---|-------------------------|--------------------|
| Card Number: _____ - _____ - _____ - _____ | | Exp: _____ / _____ |
| Card Type: <u>VISA</u> | <u>American Express</u> | <u>MasterCard</u> |
| Authorized Amount: \$ _____ | CVC Code: _____ | |
| <p>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.</p> | | |
| _____ | _____ | _____ |
| Print Name | Card Holder Signature | Date |

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