

REGISTRATION FORM



Applicable Test Methods for Spinal Implants

One Day Educational Course with Dawn Lissy

Date: _____

8:00am – 5:00pm

LOCATION: Empirical Testing Corp., 4628 Northpark Drive, Colorado Springs, CO 80918

*** Onsite options are available – Contact us to discuss ***

| COMPANY: | | | | |
|--------------|----------|---------|-------|-------|
| PARTICIPANTS | | | | |
| NAME | POSITION | ADDRESS | PHONE | EMAIL |
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Please complete the attached form for each of the participants and return with registration and full payment to the contact below.

FEES

Number of People Attending = \$990.00 x no. _____ = Total \$ _____

Discounts are available for large groups that will be attending from the same company. Contact us to discuss.

The fees cover course attendance, materials, lunches, coffee breaks and all other official course functions.

METHOD OF PAYMENT

Make check payable to:

EMPIRICAL TESTING CORP.

Send check to:

4628 Northpark Drive
Colorado Springs, CO 80918
Attn: Kimberly Rokicki

CANCELLATION POLICY

Cancellations within one month of scheduled course date will be subject to a 50% refund of participation fees. No refunds will be issued for cancellations within one week of scheduled course date. Full refunds will be issued for courses cancelled by ETC because minimum participation requirements are not met. You will receive a letter of confirmation upon receipt of your registration form and payment.

Signature: _____ Date: _____

Please return this form to:

EMPIRICAL TESTING CORP. Attn: Kimberly Rokicki
4628 Northpark Drive, Colorado Springs, CO 80918
Fax: (719) 264-9937 Email: krokicki@empiricaltesting.com

PARTICIPANT SURVEY

1. What topics would you like to cover over the duration of this course?

2. What are your goals for this course?

3. Would you classify yourself as an auditory, visual or hands-on learner? Would printed course documents be helpful?

4. What upcoming projects do you have?
