

# REGISTRATION FORM

**Instructions:** Please clearly fill out all the fields below. Save the completed form and submit it via email as an attachment. You may also print the form, fill it out manually and fax to the number below.

Name		Degree / Specialty:	
Address:		City / Country:	
Phone:	Fax:	Mobile:	Date of Birth (required for CME)
Email (confirmation will be sent via email):		Hospital Affiliation:	

## Tuition Fees

Registration includes access to conference centers, all printed material, meals (daily morning welcome, lunch, 3 coffee breaks), Gala dinner, and CME credits. **Registration will not be processed unless accompanied by payment**

	On or before April 1	By May 15	After May 15 / Onsite
<b>Surgeons</b>			
<input type="checkbox"/> Lectures + workshops	\$1395	\$1495	\$1595 (No onsite registration)
<input type="checkbox"/> Lectures only	\$495	\$550	\$600
<b>Resident/Fellow</b> (<32yo; letter from program chairman required)			
<input type="checkbox"/> Lectures + workshops	\$895	\$995	\$1095 (No onsite registration)
<input type="checkbox"/> Lectures only	\$395	\$450	\$500
<b>Reduced Rate Countries</b> (refer to list on registration page of course website)			
<input type="checkbox"/> Lectures + workshops	\$895	\$995	\$1095 (No onsite registration)
<input type="checkbox"/> Lectures only	\$395	\$450	\$500

### Extras:

- DVD recording of all lectures ..... \$200  
 Gala Dinner Additional Guest ..... \$85

**TOTAL FEES:** \_\_\_\_\_

Please print the completed form and email it, along with a copy of your bank transfer confirmation, to:  
[spinemasters@alcordoba.com](mailto:spinemasters@alcordoba.com)

Or fax your completed registration to:  
 Jonathan Giallanzo  
 SWANK HEALTHCARE  
 Fax: +1 (314) 984 8261

Once payment is processed, you will receive an email confirmation of enrolment. If you do not receive confirmation within 2 weeks of registration, please email us at the above address and include a copy of your registration form.

## Select Form of Payment

### Bank Wire transfer

Bank Name: Bank of America  
 Bank Address: Chicago, IL  
 SWIFT CODE: BOFAUS3N  
 Account number: 5800184870  
 Routing number: 026009593  
 Beneficiary: SWANK HEALTHCARE  
 Reference: Dubai Conference 2009

### Check payable in US dollars

Pay to: Swank Healthcare  
 Reference: Dubai Conference 2009  
 Swank HealthCare  
 10795 Watson Rd  
 Saint Louis, MO 63127  
 Tel: +1 (314) 984 6186  
 email: [jgiallanzo@swank.com](mailto:jgiallanzo@swank.com)

### Credit Card:

Please charge \$ \_\_\_\_\_ to my Visa MC AMEX Other \_\_\_\_\_

Card Number	Card code (3 digits)
Name on card	Exp date
Signature	Today's date

Please refer to Cancellation/Refund Policy and UAE Visa requirements on course website.

**Space is Limited:** Registration is available only on a first-come, first-served basis. Number limited to 180 participants.