



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: Renaissance Dallas Addison Hotel
15201 Dallas Pkwy
Addison, TX 75001

Subtotal: _____

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!