

# CME Surgical Workshop (2-Day)

## Registration Application

**April 28 & 29**

To register for the workshop, fill out this form and fax it to Dr. Robert Troell at (702) 242-9740.

### PERSONAL INFORMATION

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Medical License: \_\_\_\_\_ AOA#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Country: USA Other \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Check here if special services are needed due to a disability.

### LIVE SURGICAL WORKSHOP FEES 2-Day

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Workshop (Saturday & Sunday) ..... \$2,950 Nurse

Workshop (Saturday & Sunday plus hands-on experience in operation room) .....\$3,950 Doctors

Workshop refresher course .....\$2,500

Saturday  Sunday

Total Fees: \_\_\_\_\_

### PAYMENT

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Check  Visa  Master Card  American Express Other \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

CVC \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Disclaimer Policy:** Cancellation must be received in writing subtracting a \$250 processing fee.

**Contact Information:** Please call 702-242-6488 or email at [workshops@drtroell.com](mailto:workshops@drtroell.com) for questions