

Advanced VASERShape Training Workshop

FAX Registration Application

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

PERSONAL INFORMATION

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.

WORKSHOP FEES

Location: Dr. Troell's Office \$1,950

Location: Travelling to your Medical Office \$2,500

* Includes Hands-On portion of the activity

Total Fees: _____

PAYMENT

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 rjtroell@gmail.com for questions.