



EDUCATION

“HANDS-ON” URODYNAMICS
“A Practical Approach” - One Day Course

REGISTRATION FORM
2012 UDS COURSE

No. COU040

Personal Information

Name, Title, Telephone number, Clinic / Practice, Fax number, Address, Email address, City, Other, State/Prov., Zip/Postal Code, Country, Date

Select Program

Table with 4 columns: Date / City / Site, Quantity, Unit Price USD, Amount. Lists various course dates and locations like February 15 - Las Vegas, NV.

Cancellation Policy

Cancellations made 11 days+ before first course day - LABORIE will apply course fee to a future course or refund tuition minus a \$150.00 administrative fee.

Total (US Dollars)

Payment

CHECK (Payable to LABORIE) 400 Avenue D, Suite 10, Williston, Vermont 05495-7828 USA

CREDIT CARD

Credit Card

Card Number

Expiration Date (MM/YY)

Cardholder Name

Signature of Cardholder

Participants (Print name as you wish it to appear on certificate)

1. Title

2. Title

3. Title

4. Title

Yes I am a member of the LABORIE Advantage Program

I would like more information on the LABORIE Advantage Program

Please fax your registration form to Course Coordinator at 1-802-878-1122 or email to the following address: EducationalCourses@laborie.com.