



URODYNAMIC TEST RESULTS

Interpreting and Integrating Them Into Your Practice

Registration Form
2010 UDS COURSE
COU025

Personal Information

Date

Name _____ Title _____ Telephone number _____

Clinic / Practice _____ Fax number _____

Address _____ Email address _____

City _____ Other _____

State/Prov. _____ Zip/Postal Code _____ Country _____

Select Program

Date / Location		Quantity	Unit Price USD	Amount
Las Vegas, NV – February 10, 2010	Stephen Kraus, MD		\$550.00	
Charlotte, NC – March 4, 2010	Matthew Rutman, MD		\$550.00	
Chicago, IL – April 8, 2010	Stephen Kraus, MD		\$550.00	
Seattle, WA – August 5, 2010	Stephen Kraus, MD		\$550.00	
Boston, MA – September 16, 2010	Stephen Kraus, MD		\$550.00	
Baltimore, MD – November 5, 2010	Matthew Rutman, MD		\$550.00	
Cancellation Policy <i>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. Cancellations made 10 days or less before first course day, or no shows, will not be refunded or applied to future courses. Laborie reserves the right to cancel any or all parts of these workshops without prior notice and shall not be held responsible for any costs incurred by registrant.</i>			Total (US Dollars)	

Payment

CHECK (Payable to LABORIE MEDICAL TECHNOLOGIES)
400 Avenue D, 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 Kelly Maginnis, Marketing Course Administrator at 1-802-878-1122 or email to the following address: kmaginnis@laborie.com. Confirmation letter will be sent upon receipt of payment.