**Advanced Hands On Skull Base Dissection Workshop**

**May 24-26, 2018**

**Stryker Lab, Salt Lake City, Utah**

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| **Prepayment is required to secure your participation station.   Cancellation Policy  *$300 Fee for Notices Received More Than 60 Days in Advance.  Notices Received Less Than 60 Days Prior to Course Forfeit Total Fees Paid.  Refunds/Credits Will Not Be Issued for Failure to Attend Course In Part or In Whole.*** | |
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| First Name: Last Name: | Degree: |
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| Hospital or Facility: | | |
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| Street/ PO Box: | City: | |
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| State/Prefecture: | Zip Code: | Country: |
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| E-Mail Address: |
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| **Registration Includes**  Cadaver Dissection Practice (2 participants per station), Welcome Reception, 3 Lunches, and 2 Course Dinners for participant only.   **Registration Fee**  $2500 - Per Participant (includes new 3rd Edition color illustrated manual)  $2000 - Repeat Participant after May 2010 (**bring your new book with you**)  **I will attend the welcome reception**  Yes   No  **I will join the dinner banquet(s)(included in registration fee):**   |  |  |  | | --- | --- | --- | | Thursday night | Yes   No |  | | Friday night | Yes   No |  |   **Food Allergies or Restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hotel** **Embassy Suites. See link on the website soon for discounted rate.**  **To Reserve your hotel room:**  (check for link on [www.inerf.org](http://www.inerf.org) website)   |  |  | | --- | --- | | **Method of Payment for Registration Fees:** | | | Visa   Master Card   Wire Transfer  Check |  |  |  |  | | --- | --- | | Name on Card: |  | | Card Number: |  | | Expiration: | **Billing Address Postal Code for Credit Card (where you receive your bill)**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Example: Tokyo 100-0101)  **3 digit code on back of credit card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |   I authorize INERF to process my credit card for the items checked.  ***I understand the cancellation fee stated above.***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Credit Card Holder |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |

Fax completed form with payment information to 919-239-0266 Attn: Lori Radcliffe or email to Lori at [lori@carolinaneuroscience.com](mailto:lori@carolinaneuroscience.com)