**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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| Phone:  | Fax:  |
| (Country Code - Area Code - Phone)  | (Country Code - Area Code - Fax)  |
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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):**

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| 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)

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| **Method of Payment for Registration Fees:**  |
| Visa   Master Card   Wire Transfer  Check   |  |

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| 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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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