

# **Advanced Hands On Skull Base Dissection Workshop**

**May 24-26, 2018**

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

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.**

First Name:	Last Name:	Degree:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital or Facility:		
<input type="text"/>		
Street/ PO Box:	City:	
<input type="text"/>	<input type="text"/>	
State/Prefecture:	Zip Code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	Fax:	
(Country Code - Area Code - Phone)	(Country Code - Area Code - Fax)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
E-Mail Address:		
<input type="text"/>		

### **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 3<sup>rd</sup> 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:**

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**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.**

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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)