

PROFESSIONAL MEDICAL EDUCATION ASSOCIATION, INC.

Checks are made to Professional Medical Education Assn, and mailed to 4243 Diplomacy Drive, Columbus, OH 43228
Print Out and Complete this form, then mail to the address above or fax to 305-946-0232, or scan and email to info@lasertraining.org
800-435-3131. www.LaserTraining.org

Registration form VideoConference - Surgical Lasers & Safety

When you've completed your registration you'll be contacted with more information and assistance on how to join our Teleconference. Payment is required in advance prior to receiving authorization codes to join the meeting. You must have a computer with a high speed internet connection, digital projection and speakerphone or equivalent. If you wish us to supply the Certificates & Credits you'll need to send us your sign-in sheet and printed list after the meeting.

Name of Facility	
Full Facility Address (Where Certificates will go)	
Primary Contact Person:	Name: Tel: Email:
Date of VideoConference:	
Do you want us to issue the Certificates & Credits for the additional \$20 per person?	YES, or NO
Payment Method: \$795 Fee	Please enter either a P.O. or Credit Card information below. Payment must be received prior to shipping materials
	Purchase Order #:
Credit Card Information:	Credit Card Type: Cardholders Name: Card #: Expiration Date: Verification Code: _____ (Last 3 Digits of Code on back)
Cardholder Signature:	_____ Date: _____

We'll email a confirmation & details to you after receipt of this Registration