



Registration Form

Exercise is Regenerative Medicine: A Functional Kinetic Chain Approach

First Name: _____ Last Name: _____

Email Address: _____ Cell Phone: _____

Address: _____

City: _____ State _____ Zip Code _____

Company: _____ Job Title: _____

PLEASE NOTE: A copy of proof of COVID-19 vaccination is required! Please submit with completed registration.

Badge & Certificate Information

Please provide your name as you want it printed on your Name Badge

Please provide your name as you want it printed on your Certificate of CEU/ CME

License Number _____

State _____

Course Fee: \$495 (USD only) Check # _____ or Credit Card

We accept checks or credit card payment online. Credit card option includes a convenience fee of \$24.75

To complete a credit card payment, please submit information on our secure site:

<https://secure.usaepay.com/interface/epayform/1KxSjNKerv9rhHYGJcH9MRNIeGcqplbr/>

Education sessions, handout materials and lunch are included in the course fee.

To reserve your spot, payment must be received no later than Friday, August 20, 2021. However, space is limited and registration is on first come first serve basis.

Cancellation Policy

Cancellation of registration must be submitted in writing via mail or email and must be postmarked or dated on or before October 1, 2021 to receive a refund less cancellation processing fee(s).

Cancellation processing fees: \$125 USD. There will be no refunds after October 1, 2021 regardless of cause.

Note: Registrations are not transferable; no substitutions can be accommodated.

Geraci Spine & Sports Medicine reserves the right to cancel, reschedule programs or change course locations due to circumstances beyond its control or close registration when programs are oversubscribed. For these reasons, registrants are advised against purchasing nonrefundable airline tickets until they receive confirmation from Geraci Spine & Sports Medicine.

Geraci Spine & Sports Medicine is not responsible for penalties incurred as a result of cancelled transportation fares. Written, verbal or fax notice of cancellation will be given within five (5) working days of the actual date of the program whenever possible.

Complete the Registration

Print and mail the completed form along with your payment to:

ATTN: Geraci Spine & Sports Medicine Course Coordinator
Michael C. Geraci Jr. MD PT
52 S. Union Road
Suite 202
Williamsville, NY 14221

Alternatively you may also fax the completed registration form to: 716-276-3034 or email it to: dgeraci@geracispine.com.

Once the completed registration is received and payment is confirmed, you will received an email that that allows enrollment in the course.

Course materials will be sent to you 2 weeks prior to course.