

Registration Form

Exercise is Regenerative Medicine: From Wear and Tear to Wear and Repair Saturday, November 12, 2022

| First Name: | Last Name | 5. | |
|---------------------------|-----------------------------|---------------------------------|-------------|
| Email Address: | | Cell Phone: | |
| Address: | | | |
| | | Zip Code | |
| Company: | Job Tit | le: | |
| Badge & Certificate Info | ormation | | |
| Please provide your nam | e as you want it printed or | ı your Name Badge | |
| | | | |
| Please provide your nam | e as you want it printed or | your Certificate of CEU/ CME | <u>:</u> |
| | | | |
| License Number | | | |
| State | | _ | |
| Course Fee: Early Bird | registration \$450 (USD c | only) if your paid registration | is received |
| by October 1, 2022; We | | card payment online. Credit | |
| After that date \$495 (US | SD only) Check # | or Credit Card | |
| To complete a credit ca | rd payment, please subr | nit information on our secur | e site: |
| DR. GERACI - EARLY BI | IRD REGISTRATION (USA | AEPAY.COM) | |
| Education sessions, hand | dout materials and lunch a | re included in the course fee. | |

Cancellation Policy

Cancellation of registration must be submitted in writing via mail or email and must be postmarked or dated on or before October 14, 2022 to receive a refund less cancellation processing fee(s).

Cancellation processing fees: \$125 USD. There will be no refunds after October 14, 2022 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.