

Registration Form

Space for cannot be held until registration is complete and payment received

Sclerotherapy Training Options

The Comprehensive Sclerotherapy options available to you are:

5 Day Comprehensive Sclerotherapy <u>Course Only</u>	\$2,400
5 Day Comprehensive Sclerotherapy <u>Course & Certification</u>	\$2,675
5 Day Comprehensive Sclerotherapy <u>Course & Manual</u>	\$2,775
5 Day Comprehensive Sclerotherapy <u>Course, Manual, & Certification</u>	\$3,100

Open course schedule, examination dates, cancelation policy, refund policy, terms and conditions, continuing education credit/accreditation information, etc.. can all be found on pages 4-6.

Accreditation

Crown Medical is accredited by "-----" to offer continuing medical education (CME) to physicians and by " _____ " to offer continuing education units (CEU) to nurses.

Crown Medical designates this education activity for a maximum of 40 Credits AMA PRA Category 1 Credits.
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Participants claiming CME from this activity may submit credit hours to " _____ "
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All of our courses/testing examinations intend to fully comply with the ADA. If you need any special assistance please fill check the box found in the course registration form and indicate best method for an event staff coordinator to contact you. To ensure proper accommodations are made Requests should be in 3 weeks prior to activity.

1. Contact Information:

Professional Title: MD DO DDS DMD DPMS ARNP NP RN Other_____

First Name:_____ Last Name _____

Address

City_____ State/Country_____ Zip Code_____

Home Phone_____ Cell Phone_____ Fax Number_____

Email_____ Alternate Phone_____

2. Work Information:

Work Place:_____ Position_____

Address

City_____ State/Country_____ Zip Code_____

Professional Number of Years in Practice_____

Hospital Privileges_____

Member of Professional Association _____

3. Education Information:

Medical Degree_____ Number of Years in Practice_____

Medical Degree_____ Number of Years in Practice_____

Country/State License Location_____

Country/State License Location_____

Country/State License Location_____

4. Course Selection.....\$2,400

Please Print the Course ID, Course, Date, Location, and Site you wish to register for. See page 13-15 for open course schedule

Course ID	Course	Date	Location	Site

5. Certification and Database Registration.....\$275.00

Please Print the Certification Type, Examination Date, Location, and Site you wish to register for. See page 14 for examination dates available

Certification Type	Examination Date	Location	Site

Americans with Disability Act All of our courses intend to fully comply with the ADA. If you need any special assistance please contact an event staff specialist at 305-740-4444 at least 3 weeks prior to activity.

7. Manual/Textbook/Protocol Selection.....\$375.00

Check the Sclerotherapy Manual you wish to purchase for bulk or quantity purchase visit website www.copavin.com

Sclerotherapy Manual for Doctors
English Spanish

Sclerotherapy Manual for Nurses
English Spanish

8. Methods of Registration

Submit Payment and Complete Registration form via 1 of 4 methods

<p><u>Mail</u> ATTN: Registrar Office 6785 sw 40st Miami , Fl. 33155 Check, Money Order, Credit Card</p>	<p><u>Fax</u> ATTN: Registrar Office 305-662-7140 Credit Card Only</p>	<p><u>Email</u> Registrar@copavin.com Credit Card Only</p>	<p><u>Online</u> www.copavin.com Credit Card Only</p>
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9. Payment Information:

Please check off your form of Payment Fees include course materials, course, online professor access

Check/Money Order

Payable to Crown Medical
ATTN: Registrar Office
6785 sw 40st
Miami , Fl. 33155

Credit Card

Charge to the following account

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____ Expiration Date: _____ 3 / 4 Digit Security Code _____

Total Amount enclosed to be charged See Course Schedule for fees: _____

Signature: _____ (Not valid without signature)

9. Terms and Conditions:

Please check box below and sign to confirm you have read the "Terms and Conditions" on pages 4-10

I have read and fully understand terms and conditions for this Course, Manual and/or Certification.

Signature: _____ (Not valid without signature)

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GENERAL. (a) This Agreement is been signed in the country of SPAIN, and the govern by the law of Spain, and shall be construed in accordance with the laws of Spain, Where the main house of Crown Medical Resides, excluding its choice of law rules, and the Licensee, by entering into this Agreement and availing himself of the rights granted hereunder, submits to the jurisdiction of Spain. with regard to any dispute or controversy arising there from; (b) this Agreement constitutes the entire agreement and supersedes any prior agreements or understandings, oral or written, between Crown Medical and you concerning the Agreement, the Subscription, the

Catalog or any of the Courses; (c) failure or delay in enforcing any right or provision of this Agreement shall not be deemed a waiver of such provision or right with respect to any subsequent breach or a continuance of an existing breach; (d) if any provision of this Agreement shall be held to be unenforceable, that provision will be enforced to the maximum extent possible, and the remaining provisions of this Agreement will remain in full force and effect; (e) any dispute between the Licensee and Crown Medical that arises out of this Agreement shall be submitted to the courts of Spain. all of the terms of this Agreement that by their nature survive termination of this Agreement, including without limitation, all payment obligations, warranty disclaimers and limitations of liability, will continue in full force and effect after the termination of this Agreement.

YOUR RIGHT TO REGISTER FOR AND USE A COURSE(S) IS GOVERNED BY THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT, AND COMPLETION OF YOUR REGISTRATION FOR A COURSE(S) CONSTITUTES YOUR ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF YOU DO NOT ACCEPT THE TERMS AND CONDITIONS OF THIS AGREEMENT, YOU MAY NOT REGISTER FOR SUCH COURSE(S).

Calender of Events

On-Location Courses

5 Day Comprehensive Sclerotherapy Course

Course Id	Target Audience	Date	Location	Site

OnLine-Live Courses

5 Day Comprehensive Sclerotherapy Course

Course Id	Target Audience	Date	Location	Site

OnLine-On-Demand Courses

5 Day Comprehensive Sclerotherapy Course

Course Id	Target Audience	Date	Location	Site

Sclerotherapist Certification

Sclerotherapist Examination Certification

Course Id	Target Audience	Date	Location	Site

