

**Program:** Cosmetic Vaginal Surgery - Labiaplasty - Vulva Fat Transfer

**Format 1:** A two-day course with live surgery demonstration, didactic lectures, surgical video analysis, and pelvic model work, housing included.

**Format 2:** A one-day course with live surgery demonstration, didactic lectures, surgical video analysis, and pelvic model work, housing included.

**Course Fee:** includes syllabus, breakfast, lunch and housing.

**Requested Dates of Attendance:** \_\_\_\_\_

	Format 1	Format 2	
<b>Physician</b>	\$15,000	\$ 10,000	
<b>Clinical Support Staff</b> (non-physician)	\$ 300	\$ 150	
		<b>TOTAL</b>	<b>\$</b>

PHYSICIAN ATTENDEE	PAYMENT INFORMATION
First Name _____ M.I. _____ Last Name _____ Title _____ Mailing Address _____ City _____ State _____ Zip _____ Country _____ Phone _____ Fax _____ Email _____ Medical License # _____ Specialty _____ Print your name below as you would like it to appear on your certificate: _____ Name of additional clinical support staff (non-physicians) who will be accompanying you at the preceptorship ( <b>include credentials</b> ). _____ _____	<input type="checkbox"/> Check (Make check payable to: ISCG ) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex Card # _____ Exp. Date _____ *CVV2/CVC2 _____ ( <b>REQUIRED</b> ) Name on Card (print) _____ Signature _____ * <b>CVV2/CVC2:</b> For Visa and Mastercard – the last 3 digits printed in the signature space on the back of the credit card. For American Express – the 4-digit number on the front of the card. <b>Billing address:</b> <input type="checkbox"/> Same as mailing address Street Address _____ City _____ State _____ Zip _____ Country _____ <b>CANCELLATION AND REFUNDS</b> Requests for cancellation of course registration must be made in writing by fax to 201-339-5030 or email to <a href="mailto:contact@iscgyn.com">contact@iscgyn.com</a> no later than one month prior to the first day of the course. No refunds of registration fees will be issued after that time. <b>COURSE LOCATION</b> The Pelosi Medical Center, located at 350 Kennedy Blvd. (between 11th & 12th St), Bayonne, NJ, is approximately 20 minutes driving distance from the Newark Airport hotels. <b>HOW DID YOU HEAR ABOUT US</b> Search Engine _____ Newspaper _____ Friend _____ Magazine _____ Doctor _____ Other _____

For questions on course content, contact Dr. Marco Pelosi II or III at tel. **201-436-8025** or [contact@iscgyn.com](mailto:contact@iscgyn.com)

Please return this completed form with payment by mail to: **ISCG · 350 Kennedy Blvd · Bayonne, NJ 07002**

To expedite the registration process, you may fax a copy of the completed form to: **ISCG at Fax 201-339-5030**