

Program: Vaginoplasty with Pelvic Floor Reconstruction - Business Aspects of Cosmetic Gynecology

Format: A one-day course with live surgery demonstration, didactic video/lectures, surgical video online access, housing included.

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

Requested Dates of Attendance: _____

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| | | Tuition | |
| Physician | | \$ 10,000 | |
| Clinical Support Staff (non-physician) | | \$ 150 | |
| | | TOTAL | \$ |

| 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 (include credentials). _____ _____ | <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 _____ (REQUIRED) Name on Card (print) _____ Signature _____ * CVV2/CVC2: 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. Billing address: <input type="checkbox"/> Same as mailing address Street Address _____ City _____ State _____ Zip _____ Country _____ CANCELLATION AND REFUNDS Requests for cancellation of course registration must be made in writing by fax to 201-339-5030 or email to contact@iscgmedia.com no later than one month prior to the first day of the course. No refunds of registration fees will be issued after that time. COURSE LOCATION 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. HOW DID YOU HEAR ABOUT US Search Engine _____ Newspaper _____ Friend _____ Magazine _____ Doctor _____ Other _____ |

Address all questions to contact@iscgmedia.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 email this form to contact@iscgmedia.com or fax: **ISCG at Fax**

201-339-5030