

BIOMET MICROFIXATION

TMJ Scope Workshops

3/15/2010

Monday

REGISTRANT INFORMATION

Full Name (as it appears on driver's license):

Nick Name (as you would like it to appear on your name badge):

Hospital/Office Name:

Credentials:

Office Address: City, State, Zip:

Office Phone Number:

Cell Phone Number (for flight booking purposes):

Email Address:

States Licensed to Practice In:

Assistant's Name (if applicable):

Assistant's Email Address (if you would like him/her copied on your flight itinerary):

FLIGHT INFORMATION

Airport (you depart from and return to):

Flight Dates & Preferred Times:

Window or Aisle Seat (cannot be guaranteed):

Please list any frequent flyer programs you may want credit for (will be added if your flight is booked on that particular airline – cannot be guaranteed):

Please list any other details we may need to know when arranging your flights:

Once you've completed this form, please send it to Carol Carter via email (Carol.Carter@Biomet.com) or fax (904-741-3059). We look forward to having you!



AdvaMed Code of Ethics:

This course complies with the AdvaMed Code of Ethics effective July 1, 2009. The educational meetings and hospitality events are intended solely for the invited surgeons. We kindly request guests, spouses or other healthcare professionals not attend. We appreciate compliance with these guidelines.