

North American Spine Institute – Whiplash Seminar Registration Form

Name:

Profession:

Address: Street/City

Email:

Telephone / Fax:

Membership

Indicate which seminar you would like to attend (Please Check)

Whiplash Traumatology and Treatment Seminar
 Module 1 Module 2 Module 3 Module 4 Module 5
 Module 6 Module 7 Advanced Course

Seminar Fee's (Please Check)

<input type="checkbox"/> Module 1	<input type="checkbox"/> Healthcare Fee: \$ 525.00/Module	Total Attached: \$ _____
<input type="checkbox"/> Module 2	<input type="checkbox"/> Faculty Fee: \$ 450.00/Module	
<input type="checkbox"/> Module 3	<input type="checkbox"/> AAFP Member Fee: \$ 450.00/Module	
<input type="checkbox"/> Module 4	<input type="checkbox"/> ACA Member Fee: \$ 395.00/Module	
<input type="checkbox"/> Module 5	<input type="checkbox"/> Student Fee: \$ 295.00/Module	
<input type="checkbox"/> Module 6	<input type="checkbox"/> ACA Student Member Fee: \$ 195.00/Module	
<input type="checkbox"/> Module 7	<input type="checkbox"/> Block Fee: \$ 3000.00 <input type="checkbox"/> Block Fee ACA Member: \$2550.00	

Please fill this form out completely, and mail with the correct fee to:

Dr. Jason Mazarella
341 Myers Street Ebensburg, PA 15931

Or

North American Spine Institute
28 Finch Avenue West, Suite 212
Toronto, Ontario M2N 2G7.

Please make all checks payable to: North American Spine Institute in US funds.