

ISHRS Regional Workshop
Live Hands-On Surgical Assistants Training Workshop
Graft Preparation and Placement (FUT-strip & FUE)
May 3-4, 2019
Denver, Colorado USA

Clinic Sponsor:



Course Director: James A. Harris, MD, FACS, FISHRS
Course Chairs: T. Lardner and E. Vance



Registration Form

One form per person. Please make copies if needed.

Name: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Email (required): _____

Telephone: _____ Fax: _____

Emergency Contact: _____ Relationship to you: _____

Telephone: _____ Email: _____

If applicable, special dietary request (vegetarian, vegan, Kosher): _____

Employing Physician's Name: _____ Email: _____

ISHRS Member: Y/N ISHRS Member Applicant: Y/N

***Please see policy on assistant registration**

Hotel: Hotel details will be provided upon receipt of paid registration. It is the attendee's responsibility to make their own hotel reservations.

Cancellation/Refund Policy:

Registration fees, less \$100 (USD) administration fee, will be refunded upon written notice of cancellation to the Workshop Registrar received on or before April 1, 2019, there will be no refund of fees for cancellation or for lack of attendance without notification. It is your responsibility to ensure that your cancellation request has been received by the workshop Registrar. "No shows" that have not pre-paid will be invoiced for the total registration fee.

Registration Fees:

Surgical Assistant: \$1700 (USD)

***Must have a signed **Attendee Participation Agreement** and **Letter of Attestation** with registration form in order to register**

Payment:

Check, make payable in U.S. dollars to: Hair Sciences Center of Colorado, 5445 DTC Parkway, Ste 1015, Greenwood Village, CO 80111, USA

If paying by credit card: AmEx: _____ Visa: _____ MC: _____ Discover: _____

Card Number: _____ Exp: _____

Authorized Signature: _____

Allow 5 business days for processing. A confirmation letter will be mailed to you. If you do not receive a confirmation letter, please contact the Workshop Registrar. If paying by credit card, a charge from *Hair Sciences Center of Colorado* will appear on your next statement.

Questions? Contact the Workshop Registrar, Janiece McCasky at telephone 1-303-694-9381 or e-mail jlmccasky@hscolorado.com or Co-chair, Tina Lardner at tlardner@hscolorado.com

Scan/email completed form to jlmccasky@hscolorado.com or fax to : 1-303-694-9373