



# Essentials of Corridor4DM Workshop Registration Form

Please complete this form and submit it to INVIA at 734.205.1537 or via e-mail at [education@inviasolutions.com](mailto:education@inviasolutions.com). If you have any questions, you can contact INVIA at [education@inviasolutions.com](mailto:education@inviasolutions.com) or 734.205.1231.

## WORKSHOP REGISTRATION

Please register me for - Course Name: \_\_\_\_\_ Date: \_\_\_\_\_

Visit [www.inviasolutions.com/courseoptions](http://www.inviasolutions.com/courseoptions) for workshop availability. Class schedule is subject to change based on minimum attendance requirement.

I am a:  Physician  Non-Physician Coupon Code #: \_\_\_\_\_

INVIA will provide lunch. Please let us know if you would prefer a vegetarian entree or if you have a specific food allergy:

Vegetarian  Food Allergy: \_\_\_\_\_

## WORKSHOP ATTENDEE INFORMATION

MR / MS / MRS / DR First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Vendor Platform: \_\_\_\_\_ Vendor Version: \_\_\_\_\_

Imaging System(s): \_\_\_\_\_

Payment Option (After choosing your payment option, complete the appropriate section below):

Check  Credit Card (MasterCard, VISA, and American Express)  Camera Vendor Invoice

## CREDIT CARD INFORMATION

Name as it appears on card: \_\_\_\_\_

Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## RESELLER INFORMATION

Representative: \_\_\_\_\_ Company Name: \_\_\_\_\_

P.O. Number: \_\_\_\_\_ Phone/Email: \_\_\_\_\_