



Essentials of Corridor4DM Workshop Registration Form

Please complete this form and submit it to INVIA at 734.205.1537 or via e-mail at support@inviasolutions.com. If you have any questions, you can contact INVIA at 734.205.1231 or via e-mail.

2010 WORKSHOP SCHEDULE

Please register me for the following workshop:

- January 25, March 29, May 10, July 19, October 25, December 13

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:

Please check www.inviasolutions.com for class availability. Class schedule is subject to change based on minimum attendance requirement.

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:

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:

CAMERA VENDOR INFORMATION

Camera Vendor Representative: Phone:

Sales Order Number: Equipment Number: