

# ADVANCED COURSE REGISTRATION

Print & Return with registration fee to:

OSTAR/ Spine Study Group,

P.O. Box 420942, San Diego, CA 92142-0942 • (858) 279-9955

THE SPINE STUDY GROUP:

Spine Surgery in 2012: Challenges, Best Practices, and New Technologies

May 1 to 4, 2008

Please print your name as you wish it to appear on badge – ONE FORM PER PERSON

Name - First MI Last \_\_\_\_\_

Degree \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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***Please enclose payment (check appropriate boxes) with form to reserve:***

Physician \$625

Fellow, Resident, P.A., R.N. \$350

Accompanying Spouse/Guest \$175

Name of registered Spouse/Guest \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Make checks payable (in U.S. funds) to OSTAR/ Spine Study Group and send to: P.O. Box 420942, San Diego, CA 92142-0942 with this coupon. Verification of registration and further meeting information will be sent to you upon receipt of check and registration form. NO CREDIT CARDS ACCEPTED FOR MEETING REGISTRATION. Refunds less \$50 administrative fee will be made only if written cancellation is received prior to April 1, 2008. The sponsors of the meeting reserve the right to cancel this activity for any reason whatsoever. In the event of such cancellations, the full enrollment fee will be returned to the registrant.

**For further information call (858) 279-9955, email: [pmc@mtgplanner.com](mailto:pmc@mtgplanner.com).**

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Date Rec. \_\_\_\_\_ Amt.\$ \_\_\_\_\_ Ck.# \_\_\_\_\_ Ack. \_\_\_\_\_

Notes: \_\_\_\_\_