

AVDI Seminar Registration Form

Register by phone: **(614) 360-8570** or fax this form to **(866) 804-8672**

Name: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Seminar Information

Seminar Name: _____ Date(s): _____

Location: _____ Seminar Fee: _____

Do you need a hotel room? Yes / No Room Type: King / 2 Doubles

Check-In Date: _____ Check-Out Date: _____

Payment Information

Credit Card Type: Visa Mastercard Discover Amex

Credit Card #: _____ Exp. Date: _____

Amount: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Approval Signature: _____