

The American Society of Non-surgical Aesthetics

REGISTRATION FORM



LIPODISSOLVE: CHEMICAL LIPOLYSIS FOR FAT REDUCTION AND BODY SCULPTING

COURSE FEE: MD/DO/MBBS \$1950 | RN/ND/NP/PA/FNP \$1300

NOTE: RN registration requires a prior certification by/or attendance with the supervising physician

COURSE DATES (please circle your chosen date):

MARCH 2010 | MAY 2010 | JULY 2010 | SEPTEMBER 2010 | OCTOBER 2010

Please complete, sign and FAX this form to:

FAX +1 646-355-0271

ASNA • New York • NY 10010

asnacorp@gmail.com

A COPY OF A VALID MEDICAL LICENSE MUST ACCOMPANY THE APPLICATION

Physician's Name and Title: _____ (to appear on certificate)

My medical title (please circle): MD, DO, MBBS Other:

RN, DC, ND, DPM, NP, PA, FNP Other:

Medical Specialty: _____

Clinic Name: _____ (to appear on our website)

Address: _____

State and Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____ Website _____

CREDIT CARD DETAILS

Please write exactly as it appear on card – fill in all details as indicated

Name on card: _____

Visa: ___ Master Card: ___ AmEx: ___ Total Fee to be charged: \$ _____

Card No: _____ - _____ - _____ - _____

Expiration Date: ___ / ___ CVC Code: _____ (last 3 digits on back of the card)

Billing Address: _____ same as above

PLEASE SIGN TO APPROVE ALL CHARGES: Confirmation is issued per fax and/or mail. Fees are non-refundable. If you are unable to attend, you may exchange course dates within a one year period. Reversed, late or failed payments are subject to 18% penalty per month plus collection, banking and legal fees until paid.

Payee Signature: _____ Date: ___ / ___ / ___

For additional Lipodissolve information, see: www.asna-asal.com