

# VOSM Academy: Needle Arthroscopy Workshop

# REGISTRATION

Lecture and Lab with Dr. Sherman Canapp  
Saturday, December 1, 2018

## ATTENDEE INFORMATION

Name \_\_\_\_\_

Practice \_\_\_\_\_ Email \_\_\_\_\_

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

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

## METHOD OF PAYMENT

Registration: \$1250

Please charge my credit card:

\_\_\_\_ MasterCard      \_\_\_\_ Visa      \_\_\_\_ American Express      \_\_\_\_ Discover

Amount to Charge \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

(This signature authorizes Orthobiologic Innovations, LLC to charge the credit card number above the stated and agreed upon amount. Please note that the transaction will say Veterinary Orthopedics and Sports Medicine Group.) The credit card information on this form will be securely destroyed immediately after processing.

Completed forms can be emailed to [acarter@vosm.com](mailto:acarter@vosm.com) or faxed to (240) 295-4401 with attention to Alyse