

Surgeons

Application for Enrollment: LIPOSUCTION 101

Please Print & Submit this Application by Fax: 949-248-9339

Last Name: _____ First Name: _____ MI: _____

Name you would like to be called (Nickname): _____

Medical Degree (choose one): MD or DO

Date of Birth (For your AMA Profile): mm/dd/yyyy _____

Street Address: _____

City: _____ State/Province: _____ ZIP: _____

Telephone (Office): _____ Tel (Cell): _____

Fax: _____ E-Mail: _____

Practice Website (URL) _____

Name of your Medical School: _____

Current Status (choose one) Resident Fellow Faculty Private-Practice

Other (please specify) _____

Type of Practice (circle one) Private Group Military Academic,

Other (please specify) _____

List your Board Certifications: _____

Have you ever been disciplined by a state licensing board? No Yes

Have you ever had medical malpractice insurance canceled, or limited? No Yes

Have you had chemical abuse or dependency within the past 5 years? No Yes

Size of Surgical Scrubs/Gown (choose one): XS, S, Med, Lg, XL, XXL, XXXL

Dates of Course for which you are applying? _____

How did you hear about Liposuction 101? _____

Recommended Text Book: Tumescant Technique, by Jeffrey Klein, Mosby, 2000, should be read before arriving in San Juan Capistrano for the course.

Refund Policy

If notice of cancellation is given 3 weeks prior to the course starting date, then the deposit will be refunded minus a \$100 handling fee. If notice of cancellation is given less than 3 weeks prior to course starting date, then the entire deposit will be forfeited. However if it is possible to find a replacement student then only \$100 will be forfeited.

Cancellation of Course

In the event course is canceled, the tuition fee if any will be refunded.

CME Credit

Application filed with University of California, Irvine School of Medicine for up to 27 hours of CME.

Concurrent Nursing Courses

Concurrent Nursing Tumescant Liposuction Course – "Nursing TLC" (space limited to 6 participants). Fees for the Nursing TLC (\$2,500) will be waived if the nurse is attending the course with a surgeon, with the exception of a \$500 deposit, which will be refunded upon successful completion of the course by the nurse. Surgeons may bring one additional nurse for a reduced fee of \$1,000 (pending availability). This course is made available on a first-come/first-serve basis.

Signature of Applicant _____ Date _____

For Further Information: Telephone 949-248-1632 ext. 210

Mailing Address: 30280 Rancho Viejo Road, San Juan Capistrano, CA 92675, USA